2411 N. Charles St., Baltimore 9400

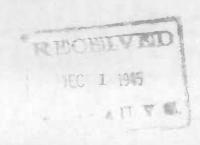
### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If gutside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:  How long in hospital or institution?	Street No. Hf rural, give LOCATION)  2.(a) If veteran, name war Add Male
3. (a) FULL NAME  3. (a) FULL NAME  3. (a) FULL NAME  4. Sex   5. Color or race   6. (a) Single, married, wildowed, or divorced	3. (b) Social Security Number
1. Sex S. Color or race S. Carsingle, married, whowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  NOVELLE 26 1945 ALIST P. M.
6.(b) Name of husband or wife Munice  8.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that t ettended deceased from
8. AGE: Years Mooths Days If less than one day  30 2 15	Immediate cause of death DURATION
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)	Due to Carterio Selevonio
11. Industry or business    Industry or business	Due to
13. Birthplace  14. Malden name Anne G. Herricanno  15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of aperations.
16. informant Man Minnie A. Alkinson	Antopsy results
(Burled, cremation, or removal. Which?)  Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Howard Co., Tud.	tnjured at home, farm, Industry, public place (where?)
16. Funeral director	( to The man ) Mart . Martine Engineer
19. Mol 28 19 #5 C. Harry Elect (Date red by registrar) Registrar	23. SIGNATUNE M. D. or other  Address Wholewaster Mr Date signed 1 / 26/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



18. Funeral director.

19. Nov. 16. (Date rec'd hy registrar)

**Address** 

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3.

\_ 10913

injured at work?

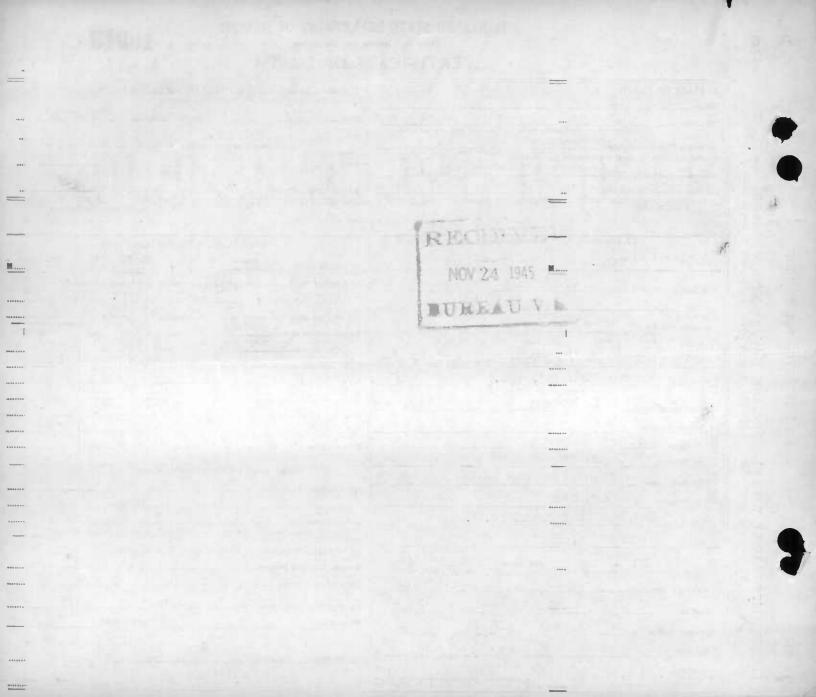
CERTIFICA	TE OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newboro infacts give residence of mother)  State Maryland County Prince George's  City or town Landovers.  (If outside city or town limits, write RURAL and giva hearest town)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col. married	20. OATE OF GEATH. November 16, 1945 at 9:30 Pm
6.(b) Name of husband or wife Colistus Bailey  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  25 6 17 hrs. min.	Immediate cause of death Pulmonary Tuberculosis March
9. Birthplace Bladensburg, Md.  (Town, county, and state)  10. Usual occupation Laborer	Due to
11. Industry or business    12. Name Robert Thomas	Other conditions
14. Maiden name Isabelle Bailey 15. Birthplace Unknown	Major findings of operations.  Date of op.
16. Informani Reuben Hoffman, M.D.  Address Henryton, Maryland	Antopsy results
17. Gurial, cremation, or removal Which? (mooth) (day) (year)  Cemetery or crematory. Quillets being the first of the control	Accident, suicide, or homicide

Means of Injury

23. SIGNATURE

Registrar Address...

Henryton, Maryland



PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16)

### CERTIFICATE OF DEATH

10914

74

ŀ	CERTIFICAL	Reg. Diat. No.
	1. PLACE OF DEATH: County Carroll City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs. 3 mo's, 2 days Hospital, institution, or street, address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, enryton, Maryland How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
	WILLIAM EDWARD BARKSDALE	3. (b) Social Security Number
١	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male colored single	20. DATE DF DEATH November 9, 18 45 at 5.15Am
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7, 19. 43, to Nov., 9, 19. 45 and that I last saw h im allve on November 9, 19. 45
	8. AGE: Years   Months   Days   It less than one day   15   1   15  hrsmin.	Tuberculosis of the Spine June 1942
	9. Birthplace Avavdale, Pa. (Town, county, und state)  1D. Usual occupation. Scholar	Due to.
	11. thdustry or business at school    12. Name   Willaim Barksdale, Sr.     13. Birthplace   Java, Varginia	Dther conditions.
	14. Maiden name Majorie Boody  15. Birthplace Rising Sun, Md.	(Iucindo pregnancy within 8 months of death)  Major fiudings of operations
l	15. Birtholace Rising Sun, Md.	Date of op.
-	16. Informant Reuben Hoffman, M. D. Henryton, Md.	Autopsy results
	17. Bureal  18. Date thereof 11-13-45  (Burlal, cremation, or removal, Which?)  Cemetery or crematory.	22. V10LENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide
		(City or town) (Connty) (State)
	Location Elion () 11/Uson	Meens of Injury Injury Injured at work?
	Address / Ovo Brantly av	The confidence on D
	19. 11/9  (Date rec'd by registrar)  19. 45 Deputy Tot al Registrar	23. SIGNATURE M. D. or other
	(Date rec'd by registrar)  Deputy Tot al Registrar	Address Henryton, Md. Date signed 11/9/45



2411 N. Charles St., Baltimore Bla

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	711- 10 0
City or town (If outside city or town limits, write RURAL and give nearest town)	March Acres
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war.
Charlotte Lee 130	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jewell white married	20. DATE OF DEATH. 1949 1945 21 5:00 PM
Do. (b) Name of husband or wife of Clistle Barries	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1945 to NM. 5 1946
7. Birth date of deceased (mo., day, yr. 4. 1/2 - 1888	and that I last saw halive on
8. AGE: Years Mooths Days It less than one day	Immediate cause of death
57 9 3	2 Miles
0- 00 Ca + 340	
9. Birthplace (Town, county, and state)	De to many Hallensin Care
10. Usual occupation	Due to Moterulas of
11. Industry or husiness at home	- A deap
12. Name Not	Diber conditions The American The Company of the Co
	nephitis 8
14. Malden name Wary Stater	(Include pregnancy within 8 months of death)
14. Malden name Many Stater  15. Birthplace May land	Majer findings of operations.
for Jain -	- Date of op.
16. Informant De La Paris	Autopsy results
Address Pleufilludade, Wa. A. W.	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Bacust Shows Christian	Where did injury occur? (City or town) (County) (State)
Location near Unionville with	Injured at home, farm, Industry, public place (where?)
10 10 2/2 1/2 - 10	Means of Injury Injured at work?
18. Funeral director.	
Address Bridge & New Celubros Ma	23. SIGNATURE 2. Q. Derg man
19. One rec'd by registrar) (Date rec'd by registrar) Registrar)	Address MAN DO Mate signed 1 5/45

VS A15



BINDING

FOR

MARGIN RESERVED

NOV 27 1945

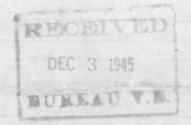
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

MARGIN RESERVED FOR BINDING

imore 83-0	7
DEATH	Rev. Diet. No.

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn jufauts give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give neurest town)  Street No
3. (a) FULL NAME Grace Flinda Be	3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single, married, widowed, or divorced  Married  Married  6.(b) Name of husband or wife.  6.(c) If alive, give age	20. DATE DF DEATH. A state of the date above stated; that I attended deceased from 19.4
8. AGE: Years Months Days It less than one day 23	Immediate cause of death Colonial DURATION  DURATION  Letter Colonial Colon
10. Usual occupation Italian fle  11. Industry or business  12. Name Ilm Denny Italian  13. Birthplace Carroll to.	Due to
16. Informant Stanley Murrey Bearer  Address It islamilie Route 6  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory Mustamuskie Constany  Cemetery or crematory Mustamuskie Constany	Autopsy results
18. Funeral director D. Banhard. Son Address Wystmuster, Mrd.  19. No 7 2 8 (Date rec'd by registrar)  19. Coate rec'd by registrar)	Injured et home, farm, Industry, public place (where?)  Means of Injury  tnjured et work?  23. SIGNATURE  M. D. or other  Address. C





2411 N. Charles St., Baltimore /9

10010

		CERTIFI	CAT	E OF DEATH	Reg. Dist. No	74
Cily or town	enryton, utside city or town lim of death? 6 MOT street address where de	ults, write RURAL and give nearest tow 1 ths, 9 days eath occurred: 2 sis Sanatorium 1 enryton, Maryla	nd	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m state. Maryland Council City or town. Baltimore (If outside city or town limits, street No. 703 W. Mulber (If rural, give) 2.(a) If veteran, name war.	with RURAL and give nes	arest town)
3. (a) FULL NAME		LOUISE BERKLE	Y		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	-	MEDICAL CE	ERTIFICATION	
						A.
female	col.	widowed		20, DATE OF DEATH November 1	.3, 19 45	3:00 M
	Tuno		years	21. I CERTIFY that death occurred on the date above May 4,	45 . Nov: 1	ased from 3, 19 45
8. AGE: Years	Months	Days   It less than one day		Immediate cause of death		DURATION
o. non				Pulmonary Tubercu	ulosis	March
40	5	?hrs	mln.		***************************************	1942
9. 8irthplace  1D. Usual occupation  11. Industry or business	Domesti	ouuty, and state)		Due to		-
		7:		***************************************		
	now Hill,	lins Md.		Dther conditions		***************************************
.1	Rachel	Victor		(Include pregnancy within 3 m		
15. 8irthplace	Snow Hi	11, Md.		Major Madiags of Operations.		
16. InformantR	euben Hof	fman, M.D.		Autopsy results	·	
Add Coo		(1 1/ / /	15	22. VIOLENCE: If death was due to external caus		
17. (Burial, cremation,	or removal. Which?)	Date thereof (mouth) (day) (yes	ar)	Accident, suicide, or homicide		
Cemetery or cremator	y	1 CAIN 23	<b>/</b>	Where did Injury occur?(City or town)	(County)	(State)
Location		/		Injured at home, farm, Industry, public place (who	ere?)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. Funeral director	<i>H</i> .	4772SIENL	2	Means of Injury	Injured at work?	
Address	. 9/8	Druel His	1.	23. SIGNATURE Coulous TO	Eman m.	0
19. Nov. 13	, 45 istrar)	Deputy Local Re	egistrar	Tannutan Ma	M. D.	or other 11-13-45

VS A15

NOV 16 1945

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

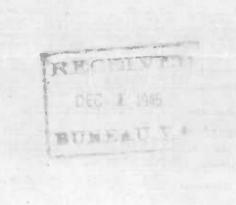
MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore /3-

### CERTIFICATE OF DEATH

74

	Reg. Dist. No.
A. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 years, 1 mo., 13 days Hospital, institution, or streel address where death occurred:  Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?	Slate Maryland County Worcester  City or town Ulf outside city or town limits, write RURAL and give nearest town)  Street No
3. (a) FULL NAME  GERTRUDE MAE BISH	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female   col.   single	20. DATE OF DEATH November 24, 19.45 212:45P
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11 1945 to. Nov. 24 1945 and that I last saw h. e.r. alive on Nov. 24 1945
8. AGE: Years   Months   Days   If less than one day   26   1   29	Pulmonary Tuberculosis  Pulmonary Tuberculosis  1943
Girdletree, Md.  (Town, county, and state)  10. Usual occupation.  Domestic  11. Industry or business  12. Name. William Bishop  13. Birthplace Girdletree, Md.	Due to
14. Malden name Elizabeth Johnson  15. Birthplace Girdletree, Md.  18. Informant Reuben Hoffman, M.D.	(Include pregnancy within 3 months of denth)  Major findings of operations
Address Henryton, Maryland  17. Daniel Date thereof. (Month) (day) (year)  Cemetery or crematory. (Month) (day) (year)  Location Sudle Orec Members January  18. Funeral director Members January  Address Juny / Vill Maryland  19. Nov. 24, 19, 45 Members Registrar  (Date ree'd by registrar)  Deput v. Local Registrar	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-

### CERTIFICATE OF DEATH

A. PLACE OF DEA	Car	rroll	(For newboro infants give residence of mother)	
City or fown. Sykesville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 yrs., 5 mos, 8 days.		. 00 0 x . 0 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	state Maryland county Montgomery	
		nits, write RURAL and give nearest town)		
		rs.,5 mos.8 days.	City or town Barnesville (If outside city or town limits, write RURAL and	give nearest town)
Hospital, institution, or	street addrass where de	eath occurred: tate Hospital.	Street No.	
Sprin	igileta S	tate Hospital.	(If roral, give LOCATION)	***************************************
How long in hospital or	Institution? 2 y	rs,5 mos, 8 days.	2.(a) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Se	curity Number
		ay Boxall	01(0) 00000	, , , , , , , , , , , , , , , , , , , ,
4. Sex	5. Color or race	6.(a)Single, married, widowed, or diverced	MEDICAL CERTIFICATIO	AAT
female	white	married	20. DATE OF DEATH November 25 19	45 at 9:20A.m
		es Boxall	21. I CERTIFY that death occurred on the date above stated; that I attend	ded deceased from
er(o) wame of prepare	or wite		June 17 1943 16 November 251945	
7 Pich data of			and that I last saw heralive on November2	5 19.45
deceased (mo., day, y	Dotobe	r 12,1876	Immediate cause of death	
8. AGE: Years		Days   If less than one day	Pulmonary Tuberculosis	
69	1 1	13hrsmin.		
	Montgomo	my Co Md		
9. Birthplace	(Town, e	TY CO. Md.	Bue to	
10 flough accumultus	housewi	fe		
			Due to	000000000000000000000000000000000000000
11. Industry or business				
12. NameThe	mas Dill	ehay	Ditter cooditions Psychosis with careb	
≦ 13. Birthplace A	ld.		Arteriosclerosis (toclode pregnancy within 3 months of death)	3 yrs.
14 Maiden name	Lottie J	ohnson		
14. Maiden name  15. Birthplace Mc			Major findings of operations.	
			Date of o	ß
16. Informant Hospital records		ecords	Actorsy results	
Address				
	0	11-30165	22. VIOLENCE: If death was due to external causes, fill in the following	
Bate thereof (month) (day) (year)  Cemetery or crematory		Date thereof	Accident, suicide, or homicide	of
		11. 11 = 11 1 1	Where did injury occur?	
		0 - 10		
	Allack		Injured at home, farm, Industry, public place (where?)	
18. Funeral director	C. Flan	in Weer	Means of Injury Injured af wo	PKF
	- 11 /	10.00.0	() 11 6. 1	A In A
Address	Alghe		23. SIGNATUR anold H. Eicher	D //1.0.
10 Mov. 3	30 19 H5	O. Harry Wear		/
(Date rec'd by re	gistrar)	Registrar	Address Springfield State Hospate	signed L. 2.5 - 4.5

Kill Ball and Ball DEC 3 1945

BULLAU V.B.

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-2)

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mal County Cassoll
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 3.0 yrc.	City or town
Hospital, Institution, or street address where death occurred:	Street No. 105/2 Penn. ave
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thomas James Bogla	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w manual	20. DATE OF DEATH Movember 4 1945 at 8125 M
6.(b) Name of husband or wife Suns and avia L'ueman & Payme	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e (a) It allies when are 7 2 years	19.50 10 19.7
7. Birth date of Jan 21 — 18 76	and that I last saw h Malive on 199
1. Birth date of deceased (mo., day, yr.) Jan, 21 – 18 7 6  8. AGE: Years Months Days If less than one day	1 mmediate cause of death DURATION
69 9 13min.	Myshelle (chr)
9. Birthplace Winterstation M. d. (Town, county, and state)	Due to.
10. Usual occupation Muchanist, Ret.	
	Due to
11. Industry or business Truces	
12. Name Dennie Barylan  4 13. Birthplace Irilan	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eldon Tynas	Major findings of operations
15. Birthplace Ind.	Plane Date of op.
16. Informant In Sugar Baylan	Autopsy results
Address 5/2 Penn. Gove. Westminster Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. T. T. T. T. T.	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or semoval. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 1. Jahran	Where did Injury occur?
Location Wishminster md.	Injured at home, farm, industry, public place (where?)
6118. 6. 11X	Means of Injury Injured at work?
18. Funeral director Al Daniel And	1 P. O. O. D. Santita
Address a laborage to, Md.	23, SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Wishfulla Date signed 11-6-45



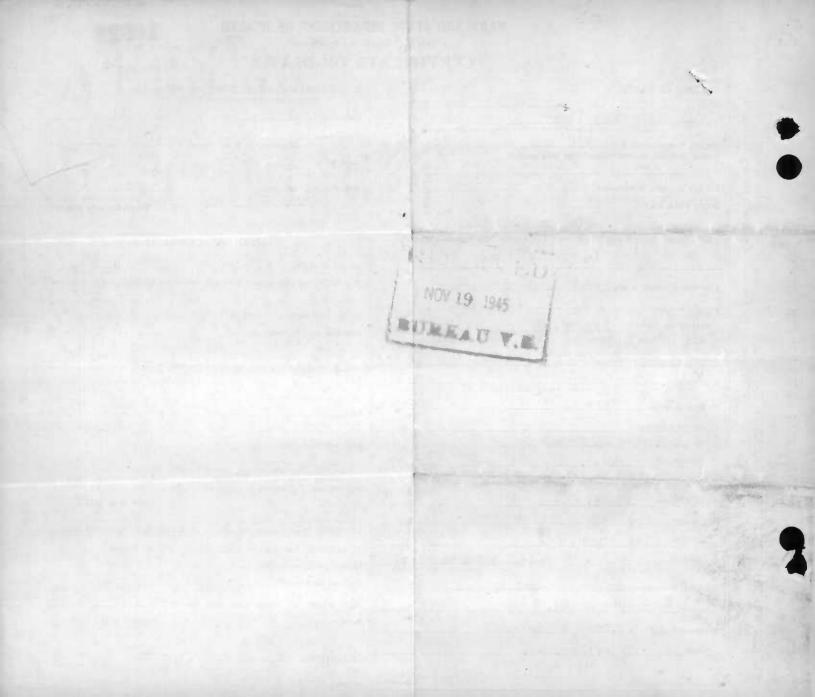
### MARYLAND STATE DEPARTMENT OF HEALTH PLEASE WITTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH:

MARGIN RESERVED FOR BINDING

VS A15

10922

County Carroll	(For newborn infants give residence of mother)	
City or town	Street Ho(If rural, give LOCATION)	
How long in hospital or institution?		
3. (a) FULL NAME  Vernon S. Brower	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH NOVELLE 1 3 1945 219:50A M	
6.(b) Name of husband or wite Sarah J. Reaver Brower  7. Birth date of deceased (mo., day, yr.) May 30, 1877	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19	
8. AGE: Years   Months   Days   If less than one day	Gororoy duese -	
to. Usual occupation Farming.  t1. Industry or business  t2. Name Warren M. Brower  t3. Birthplace Md.	Other conditions	
14. Malden name Lydia L. Saylor 15. Birthplace Md.	Major hadings ut uperations	
16. Informant Mrs. Vernon Brower Address Taneytown, Md.	PHYSICIAN: Please nuderline the cause tu which death should be charged statistically.  22. VIOLENCE: It death was due-to external causes, fill in the following:	
t7. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Reformed. Cemetery.  Location	Accident, suicide, or homicide	
18. Funeral directorC. O. Fuss. & Son.  Address Taneytown, Md.  19/10/14. 19/45 Ethel M. Mehrny.	23. Signet Weller There But Malied Francisco	



2411 N. Charles St., Baltimore 93-2

10923

### CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No	
County	State County County County County County County County County (If outside city or town limits, write RURAL and give nearest town)  Streel No. (If rural, give LOCATION)  2.(a) If veteran, name war.	
Leo Joseph Brown	3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  MALE   WHITE   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH NOVEMber 18 145 ,at 11:00	
6.(b) Name of husband or wife  6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June 9, 1895  8. AGE: Years   Months   Days   if less than one day 50   5   7   hrs. min.  9. Birthplace Baltimore City, Maryland (Town, county, and state)  10. Usual occupation. laborer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19.43 to Nov. 18 19.45 and thall last saw h. IN alive on November 18 19.45.  Immediate cause of death. Chronic myocarditis and myocardial degeneration, prior to 1945.  Due to.	
11. Industry or business    12. Name   Hugh J. Brown     13. Birthplace   Washington, D.C.	Other conditions Dementia precox, catatonic type 30 yrs.	
14. Malden name Mary A. Flynn  15. Birthplace Baltimore City, Maryland  18. Informant SPRINGFIELD STATE HOSPITAL RECORDS	(Include pregnancy within 8 months of death)  Major findings of operations	
18. Informant SPRINGFIELD STATE HOSPITAL RECORDS  Address SYKESVILLE, MARYLAND  17. Date thereof Maryland (mouth) (day) (year)  Cemetery or crematory (mouth) (day) (year)  Localion (mouth) (day) (year)  Address 3000 6. Dattimore St	Autopsy results	

Registrar Address.

SYKESVILLE, MARYLAND

.Date signed ////8/45

MARGIN RESERVED FOR BINDING

PLEASE VS A15

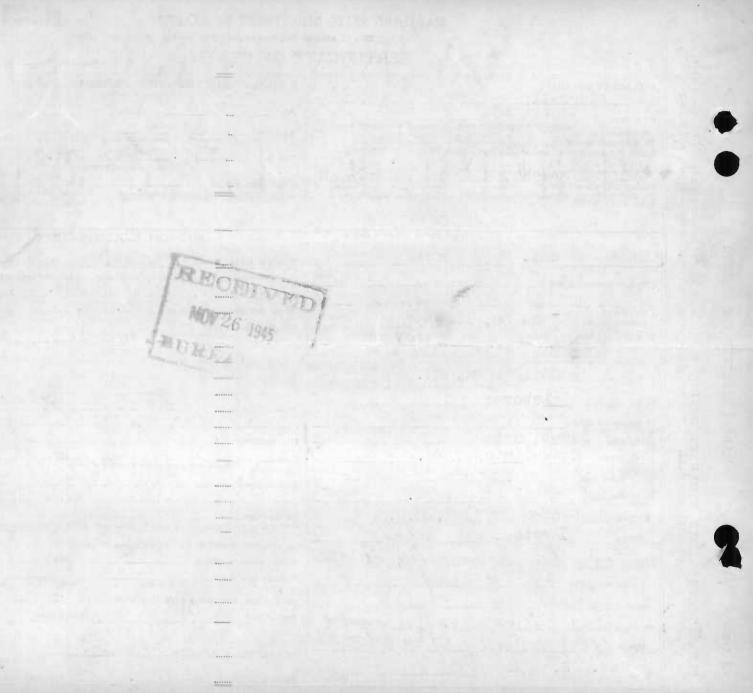
(Date rec'd by registrar)

### CERTIFICATE OF DEATH

			2411 N. Char	lea St., Baltimore Bd		
			CERTIFICA	TE OF DEATH Reg. Dist. No	74	
County				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore  (If ontside city or town limits, write RURAL and give nearest town)  Street No. 1320 N.s. Fremont Ave.  (If rural, give LOCATION)		
		OSCA	R DAVIS			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	col.	si	ngle	2D. DATE DF DEATH November 22, 19.45	5.,at5:15P	
6, (b) Name of husband or wife			e) If alive, give ageyear	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from August 27. 19. 45 to Nov. 22, 19. 4 and that I last saw h im alive on Nov. 22, 19. 4		
8. AGE: Years		Days	Il less than one day	Immediate cause of death Tuberculosis	Aug.	
31	5 4	24	hrsmin		1944	
9. Birthplace Randallstown, Md.  (Town, county, and state)  1D. Usual occupation Laborer  11. Industry or business  12. Name Jacob Davis  13. Birthplace Randallstown, Md.			Md.	Due to		
14. Maiden name Cora Bowyer  15. Birthplace Randallstown, Md.  16. Informant Reuben Hoffman, M.D.			. Md •	Major findings of operations		
10. Illivillati					red statistically.	
Address Henry ton, Maryland  17. Date thereof Maryland  (Burial, cremation, or removal, Whick?)  Cemetery or crematory  Location  18. Funeral director  Address Henry ton, Maryland  Bate thereof Maryland  (month) (diff) (year)  (month) (diff) (year)			eo! // 24 - 194 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)	
			Ruggold	Injured at home, farm, Industry, public place (where?)		
19. Nov.	22, 19 45	ney :	ell Seruh	23. SIGNATURE RELACIONAL MA. M. M. M. M. Date sign	D, or other	

MARGIN RESERVED FOR BINDING

VS AJ5



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### 9401

	1	9	2	5
-	17	0		
				70

CER	TIFI	CA	TE	OF	DE	ATE
1.1.1					1 / 1 . /	_

			CERTIFICA	Reg. Diat. No		
1. PLACE OF DEATH:  County Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place of Hospital, institution, or s	of death?5.0 street address where	yrs death occurre	•••••	State		
How long in hospital or	tnstitution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME	Mrs.Ne	ellie M	.Dern	3. (b) Social Security Num		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
F	W	Div	orced	20. OATE OF DEATH	18'24 A	
7. Birth date of	***************************************	6.(	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I ettended dece	19.45	
deceased (mo., day, yr 8. AGE: Years	May 10.	18/8   Days	If less than one day	Immediate cause of death	DURATION	
67		6	hrsmin.		for musty	
9. Birthplace	Md (Town		state)	Due to	******************	
10. Usual occupation	housewo	ork		Que to.	• • • • • • • • • • • • • • • • • • • •	
11. Industry or business						
12. Name Geo.K. Duttera Md			***************************************	Other conditions Carluar as Unel	10 (Jay	
		Md		(Include pregnancy within 3 months of death)		
14. Maiden name.J	ane Myer	Ly		Major findings of operations		
15. Birthplace Md.				Date of op		
18. Informant Carroll D. Dern Address Tameytown, Md.				Autopsy results		
Address Taneytown, Md.  Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Keysville			eof Nov.18,1945. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Location Keysville, Md.				Injured of home, farm, industry, public place (where?)		
18. Funeral director				0 . 0	/	
Address		neytown		23. SIGNATURE L. M. Benney MD		
7005/	1 1/1	- 441.1	mind leaves	M. D.	or other	

Registrar

Address Of Many John M

NOV 20 1945

BULLEAU V E

## WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

A15 SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

10926	
Reg Dist No.	711
Rev Dist No.	17

CERTIFICAT	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County. Carroll City or town Sykesville (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Maryland State		
How long in above place of death? 20 days  Hospital, institution, or street address where death occurred:  Springfield State Hospital  How long in hospital or institution? 20 days			
3.(a) FULL NAME Florrie Dudderar	3. (b) Social Security Number		
4. Sex Female  5. Color or race 6.(a) Single, married, wildowed, or divorced Female  White Single	MEDICAL CERTIFICATION  20. DATE OF DEATH Member 16 1945 at 2 30 p.		
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  December 2 19.45 to November 19.45  and that I last saw he alive on Proceedings 19.45		
8. AGE: Years Months Daya If less than one day ? If less than one daymin.	Immediate cause of death BURATION  acto Mushing Myseadite 12 h.		
B. Birthplace. Carroll County, Md.  (Town, county, und state) Housework  10. Usual occupation.  11. Industry or business  12. Name. Dennis W. Dudderar  13. Birthplace Carroll County, Md.  14. Malden name. Anna R. Collebary  15. Birthplace Carroll County, Md.	Bue to  Bue to  Other conditions  (Include pregnation within 3 months of death)  Major findings of operations.		
16. Informant Records of Springfield State  Address Hospital, Sykesville, Md.  17. Build Records of Springfield State  Address Hospital, Sykesville, Md.  18. Funeral director and December Charles Contacting  19. Market Build How Market State  19. Market Build State  19.	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causea, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  Injured al home, farm, lodustry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE.  Address & Alborn: Autorale Made Bate signed (1-16) No.		

THE PROPERTY OF THE PARTY OF TH

and the second second second

faction in a

Suctional no.

Brown and a second

NOV 20 1945

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

### CERTIFICATE OF DEATH

10927

-	Dist	N-	74	

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Wicomico City or town Not known (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
Walter Hammer Ellingsworth  4. Sex   5. Color or race   8.(G)Single, married, widowed, or divorced   Male   White   Widowed    8.(6) Name of bushand or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth daie of 1866 1886 (Month and day not deceased (mo., day, yr.)  8. AGE: Years Months known If less than one day 79 ?	and that I last saw h
9. Birthpiaca	Due to
14. Maiden name Lucy Williams 15. Stringlace Not known 16. InformanRecords of Springfield State	(Include pregnancy within 3 months of death)  Major findings of operations.  Bale of op.  Antopsy results.  PHYSICIAN: Plesse underline the cause to which death should be observed statistically.
Address Hospital, Sykesville, Md.  17. Burial Date thereof 11-10-45. (month) (day) (year)  Cometery or crematory Allen's  Locatico Wicomico Co.Md.	22. VIOLENCE: If death was due to external causes, fill to the following:  Accident, suicide, or homicide
18. Funeral director William Cook Inc.  Address St. Paul & Preston Sts.  19. 11-8-45 19 Charry Hoer (Date rec'd by registrar) Registrar	Means ot lojury  Injured at work?  23. SIGNATURE AND D. C. Let M. D.  Address J. Horp. Leftanilly M. D. or other  Address J. Horp. Leftanilly M. Date signed 1 2 - 45



# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct-age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

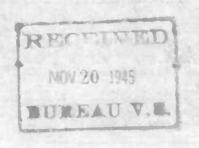
PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 3300

10928

CERTIFICAT	TE OF DEATH Reg. Dist. No. 88
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
How long in hospital or institution?	2.(a) Il veteran, name war
3. (a) FULL NAME Mourse Fletcher	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
male coloned sungle	20. DATE OF DEATH 2001. 13 1945 at 11 A. N
6.(b) Name of husband or wife	21 LCEBTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birih dala ol years	and that I last saw h. i.e. allve on Wornalder. 13 19 W
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years flonths Days If less than one day	acute Broxedo- Premeronia - 3days
8. Birthplace Carroll County, was	Due 10.
1D. Usual occupation.	Due to.
11. Industry or business	
12. Name Clinton Helefsher  13. Birthplace Washington W. C.	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. Leve Mary Surrell 15. Birthplace Wary Surf	Major findings of operations
El 15. Birthplace Mary Many	Date of op
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cleaning Ma, R. W. 3	22. VIOLENCE: If death was due to external causes, Itil in the following:
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory deleasement Clean publications	Where did Injury occur?
Location man available med	Injured at home, larm, industry, public place (where?)
18. Funeral director & L. U. Harthley & Sons	Means of Injury Injured at work?
Soboron Bulge + New Windson Wa	I for tresti
19. Med 14 1945 - Essei & Benedit	Address & Assessantes (Led.) Date signed 1144 KVF



2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rurai, give LOCATION) 2.(a) If veteran, name war..... 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from (Include pregnancy within 3 months of death) PHYSICIAN: Ftease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... Injured at home, farm, industry, public place (where?) .....

injured at work?

.. Date signed .....

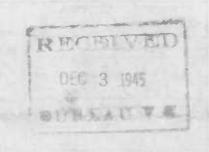
NOV 14 1945

2411 N. Charles St., Baltimore 83-2

### CERTIFICATE OF DEATH

1(1930 Reg. Diat. No.

CERTIFICA	Reg. Diat. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carroll	(For newborn infents give residence of mother)
County County	and land
City or town It saturates Mid (If outside city or town limits, write RURAL and give nearest town)	Sizie
	City or town It estimanation med.
How long in above place of death? 2 444	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	145 Librate St.
	Street No. (If rurei, give LOCATION)
	(II rurol, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME O O O M	2. (b) Social Security Number
3. (a) FULL NAME	
To be a second	4able 212-24-5325
4. Sex   5. Color or rage   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
and a to the total	
Male White Mouned	20. DATE OF DEATH 11 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
011. 11.00	
8.(b) Name of husband or wife.	21. I CEPTIFY that death occurred on the date above stated; that I attended deceased from
C.(V) Namo VI massam VI miles	Manual 2 & 1965 10 May 2 6 1945
	and that I last saw being alive on way 26 19.45
7. Birth date of deceased (mo., day, yr.) Feb. 25, 1883	
	Immediate cause of death
0. 704.	Vilatalin 4000
62 1hrsmin.	
Canallo	
9. Birthpiace	Due to
9. Birthplace	
10. Usual occupation	Due to arterio selevano 4 yra
	Due 10
11. Industry or business	
= 12 Name anthony Sable	Other conditions
自	Olio Olimina, in the contract of the contract
	(Include pregnoncy within 3 months of deeth)
14. Maiden nam Mrs Nathaunda Kartner Salle	
E 14. Malden Hame?	Major fiedings of operations.
14. Malden nam/MM Kathquinda Kartner Salle	Date of op.
my muching Smith	
16. Informant	Autopsy resolts
Address 145 Telesty St. Westmarter	
n ' 1   M1 - 20 1. 6	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. (Buriel, cremation, or removal. Which?)  (Buriel, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Historista Century	Where did injury occur?
11 to To level to.	Injured at home, farm, industry, public place (where?)
Location Mullimuse Current	
W Bunhard Son	Means of injury Injured at work?
18. Funeral director	
Address Wistmuster Mid.	lelia P Fout mo
1- 019 00	23. SIGNATURE
11/28 145 11/09	20 7' 7 11 1
(Dote rec'd hy registror)  Registrar	Address TExtrace Level Pate signed 1. A. 7.45



10931

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County. Carroll  City or town. Cit outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 7 months, 28 days  Hespital institution on street address where death occurred:  Maryland or other cultosis Sanatorium  Colored Branch, Henryton, Maryland.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro lofants give residence of mother)  State Maryland County  Baltimore (If outside city or town limits, write RURAL and give neorest town)  Street No. 1036 Hillen Street  (If rural, give LOCATION)  2.(a) It veteran, name war  3. (b) Social Security Number
HELEN GOODMAN	216-2 <b>9</b> -5652
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored single	20. DATE OF DEATH. November 3, 1945 at 4.25P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6, 19 45 to Nov., 3, 19 45 and that I last saw h. er alive on November 3, 19 45 limmediate cause of death.
8. AGE: Years Months Days It less than one day 22 7 . 17	Pulmonary Tuberculosis Jan.15,
9. Birthplace Suffolk, Va.  (Town, county, and state)  10. Usual occupation. Worker in Sewing Factory  11. Industry or business  12. Name. John Goodman  13. Birthplace Suffolk, Va.  14. Malden name. Mary Lawrence	Due to
14. Maiden name Mary Lawrence 15. Birthplace Suffolk, Va.	Major fiudiogs of operations
Reuben Hoffman, M. D.  Address Henryton, Md.  11. Bull cremation, or removal. Which Date thereot (month) (day) (year)  Cemetery or crematory alleged to the control of the	Autopsy results
18. Funeral director  Address  19. 11/3  (Date ree'd by registrar)  18. Funeral director  19. 25  Control of the control of th	23. SIGNATURE Madeus Affician M. D. or other 11/3/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

RECEIVED
NOV 8 1945

BUREAU V. M.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-

# CEDTIFICATE OF DEATH

10932

CERTIFICAT	Reg. Diat. No.	-
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 632 N. Gilmor Street  (If rural, give LOCATION)  2.(a) If veteran, name war	•••
3. (a) FULL NAME HELEN PINDELE. GOODWIN	3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female colored married (Sep)	20. DATE OF DEATH November 8, 19 45, 21 6 . 45.	А.м
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from Sept., 14, 1945, 10 Nov., 8, 1945, and that I last saw her alive on November 8, 1945	5 5
deceased (mo., day, yr.) February 19, 1921	Immediate cause of death DURATION	
8. AGE: Years   Months   Days   If less than one day   24   8   20  min.	Pulmonary Tuberculosis Feb.	*******
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Professional Dancer  11. Industry or business	Due to.	
Edward H. Pindele	Other conditions	
Edward H. Pindele  12. Name Edward H. Pindele  13. Birthplace Parole, Md.		
14. Malden name Violet Smith  15. Birthplace Baltimore, Md.	(Include pregnancy within 3 months of death)  Major findings of operations.	1
15. Birthplace Baltimore, Md.		
18. Informant Reuben Hoffmam, M. D.	Autopsy results	
Address Henryton, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory. Mt. Carling Classification.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
13 Oti in med 1	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Jesse W. Redden	Means of Injury Injured at work?	
Address 1436 W. Biddle At	23. SIGNATURE Reulices Hoffman m.D.	
19. 11/8 (Date rec'd by registrar)  19 45 Deputy Local Registrar	M, D, or other	5

PLEASE

NOVIA 1945

correct age

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

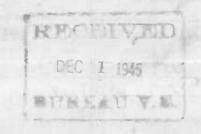
2411 N. Charles St., Baltimore /3-

# CERTIFICATE OF DEATH

10933

Reg. Dist. No.

1. PLACE OF DEATH: County Carroll			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
Henryton		***************************************	State Maryland County Prince George's		orge's
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town)					
How long in above place of death?	1011 011	Lo dayo	City or town Hyattsvill (If outside city or town limits.	write RURAL and give	nearest town)
Hospital, Institution, or street address where d	death occurred		Street No. 4708 Rhode Isl	and Ave.	
Maryland Tuberci Colored Branch How long in hospital or institution?	Hen	yton. Mary Ian	(If rural, give I	LOCATION)	
			2.(a) If veteran, name war		
3. (a) FULL NAME	100			3. (b) Social Securit	ty Number
	1	ROSCOE HAYES		579-16-0	582
4. Sex 5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male col.	n	narried	2D. DATE OF DEATH November 2	4, 19.45	4:30Am
6.(6) Name of husband or wife. Hatti	ie Hay	res	21. I CERTIFY that death occurred on the date above	e stated; that Lattended de	eceased from
D.(O) Name of Russalle of Wile			October 12, 194	5 to Nov.	24, 19 45
			and that I last saw h im alive on NOV a	24,	19 45
7. Birth date of deceased (mo., day, yr.) Februa			Immediate cause of death		DURATION
8. AGE: Years Months	Days	If less than one day	lmmediate cause of death Pulmonary Tubercul	losis	June
35 9	19	hrs min.		***************************************	1945
9. Birthplace North Card	olina	tate)	Due to.	.00,001.000001.100000*************	*****
(Town,	county, and s	tate)			
10. Usual occupation.	orer		Bue to.		
11. Industry or business					
12. Name Joe Hayes 13. Birthplace Greenberg			Other conditions		
13. Birthplace Greenberg	N.C.				
Ad 379 1	Munk		(Include pregnancy within 3 me	onths of death)	
14. Malden name Minnie Unknown	7		Major findings of operations		
\$ 15. Birthplace				Bate of op	
16. Informant Reuben Hot	fman,	M.D.	Autopsy results		
Address Henryton,	Marvl	and	PHYSICIAN: Please noderline the cause to whi	ch death should be charg	ed statistically.
72.		20×29 1966	22. VIOLENCE: If death was due to external cause		
17. (Burial, cremation, or removal, Wbich)	Date there	(mosth) (day) (year)	Accident, suicide, or homicide	Date of	*******************************
Cemetery or crematory	odis	1 em.	Where did injury occur?(City or town)	(Country)	(State)
(12 0	ole .	-1- No 7- 0	Injured at home, farm, Industry, public place (whe		
Location	0,		Means of Injury	Injured at work?	
18. Funeral director	Jas	cho Jons	means of injury	Injured at Motat	
Address Thya	lla	ille, had	120	00 2	2
	-		23. SIGNATURE	Maria M.	D, or other
19 1100 . 64 , 19 45	ally	the sealth	Address Henryton, Md.	Pode elem	11-24-45



DURATION hrs.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

# CERTIFICATE OF DEATH

Apr.				74
ч.	23	FN: 4	9.7	( °±

			0211111011	Reg. Dist. No	<b>3.</b>
1. PLACE OF D	61	ADBOLL		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County			VILLE AL and give nearest town)	State MARYLAND County Carroll City or town rural near Sykesville (If outside city or town limits, write RURAL and give nearest to	
	SPRINGFIEL		OSPITAL	Street No. Springfield State Hospi (If rural, give LOCATION)  2.(a) If veteran, name war	LTall
3. (a) FULL NA	ME	/illiam	N. Hilding	3. (b) Social Sect	arity Number
4. Sex	5. Color or race	8.(a) Single, m	arried, widowed, or divorced	MEDICAL CERTIFICATION	1
MALE	WHITE	ma	rried	20. DATE OF DEATH November 7 19.4	15 ,9:4
6.(4) Name of husbar		6.(c) If	Alive, give ageyea	Occoper 30 19 43 10 Movell	deceased from aber 7
deceased (mo., da)	(, yr.) April	22, 18	368	Immediate cause of death	DUR
8. AGE: Yes 77	ars Months	70	If less than one dayhrsmir	Cerebral hemorrhage	48
9. Birthplace				Due to	
				Other conditions	
	. Unk	nown		(Include pregnancy within 3 months of death)  Major findings of eperations	
				Date of op.	
10, Inturment	SPRINGFIELD		SPITAL RECORDS	Autepsy results	arged statistically
17. Bu (Buriai, cremati	rial	Date thereof	Nov. 10, 1945 (month) (day) (year)		***************************************
				10 A	
				Means of Injury Injured at work' ROBERT BERTRAND MAY, M.D.	Na
Address	Sykesvi 9,1945, C	/	y Heer	St Miller Land	W. or other
(Date rec'd by	registrar)		Registra	Address SYKESVILLE, MARYLAND Date st	igned 11-8-

FOR BINDING MARGIN RESERVED information carefully. The correct age of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

RECEIVED NOV 12 1945 BUREAU V.R.

THE PROPERTY OF THE PARTY OF TH

# MARYLAND STATE DEPARTMENT OF HEALTH

TIPICATE	OF	DEATH	
TIFICATE	UF	DEATH	Reg. Diat. No.

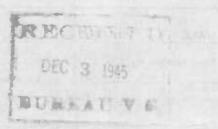
	2411 N. Char	ea St., Baltimore 3		
	CERTIFICA	TE OF DEATH Reg. Diat. No. 24		
1. PLACE OF DEATH:  County	R. SYKESVILLE	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slale MARYLAND County Allegany  City or town Frostburg  (If outside city or town limits, write RURAL and give nearest town)  Streef No. 217 Maple Street  (If rural, give LOCATION)  2.(a) If veteran, name war.		
	seph Hoban	3. (b) Social Security Number		
4. Sex 5. Color or race WHITE	6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE DF DEATH. November 29 19.45		
7. Birth date of	Iayes 6.(c) If allve, give age 49 years	21. I CERTIFY that death occurred on the date above stated; that I alfended deceased from November 20 1945 to Nov. 29 194 and that I last saw h. I.M. alive on Nov. 29 19		
8. AGE: Years   Months   3	Days   If less than one day  16	General paralysis of the Insane, prior to December, 1944		
11. Indusfry or business Auto tir	•••••••	Due fo		
14. Maiden name Laura She	riff Virginia	Mains findings of anountions		
16. Informant SPRINGFIELD S Address SYKESVILLE, N	STATE HOSPITAL RECORDS	Antopsy results		
17. (Burial, cremation, or removal, Which?) Cemetery or crematory	Date Ihereot 12-3-45 (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in the following;  Accident, suicide, or homicide		
Address  19. Locate rec'd by registrar)	esielle, Mil.  C. Harry Weev Registrar	ROBERT BERTRAND MAY, M.D.  23. SIGNATURE DESCRIPTION OF THE M.D. or other SPRINGFIELD STATE HOSPITAL M.D. or other Address SYKESVILLE, MARYLAND Dafe signed 1-30-		

MARGIN RESERVED FOR BINDING

MPA\_VIIINE

THE WAR SAYS LAND AND A SERVICE OF

Establish Trans Bally Commit.



Exist in a second control of the second cont

10936

ge	2411 N. Charl	es St., Baltimore 13.
rect a	CERTIFICAT	TE OF DEATH Reg. Dist. No. 74
information carefully. The correct age of death clearly and legibly.	1. PLACE OF DEATH:  County Carroll  City or town Henryton  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 5 mo's, 21 days  Hospital, Institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium  Colored Branch, Henryton, Maryland.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
death	3.(a) FULL NAME CATHERINE CHRISTINE JOHNSON	3. (b) Social Security Number 213-24-1246
n of infouses of	4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced female   colored   single	MEDICAL CERTIFICATION  20. DATE OF DEATH NOVember 7, 19 45 at 6.30P,
Supply every item of ease write the causes	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  May 17.  19. 45.  19. 45.  19. 45.  19. 45.  19. 45.  Immediate cause of death.  DURATION
Supplease v	8. AGE: Years   Months   Days   If less than one day   18   5 , 6  hrsmin.	Immediate cause of death  Pulmonary Tuberculosis  Jan.  1945
ADING INK. Physicians: pl	9. Birthplace Easton, Md. (Town, county, and state)  10. Usual occupation Scholar  11. Industry or business at school	Due to
F-	11. Industry or business at School  12. Name Walter Johnson  13. Birthplace Easton, Md.	Dither conditions.
WITH UNI	14. Malden name Emma Johnson  15. Birthplace Easton. Md.	(Include pregnancy within 3 months of death)  Major findings of operations
PLAINLY, is especially	Reuben Hoffman, M. D.  Address Henryton, Md.	Autopsy results
P. IS	17. Date thereof	Accident, suicide, or homicide
SE WRITE	18. Funeral direct MTD. Frances A Heros Ly Address 5 1 8 4 3 Bedd 08 At	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
PLEA	19. 11/7 19 45 Albert Registrar Deputy Local Registrar	23. SIGNATURE. Declar All M. D. or other  Address Henryton, Md. Date signed 11/7/45

MARGIN RESERVED FOR BINDING

NOVIA 1915

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

2411 N. Charles St., Baltimore 131-0

		7
 Dist	No	/

CERTIFICA	TE OF DEATH Reg. Diat. No		
1. PLACE OF DEATH:  County	State MARYLAND County CARROLL		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE WHITE SINGLE	20. DATE OF DEATH. NOVEMBER 22 1945, at 8 p.		
8.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  7. Birthplace  9. Birthplace  10. Usual occupation  11. Industry or business	Immediate cause of death Cardio State Cally DURATION  But Cardio State		
12. Name J. MONROE JONES  13. Birthplace MARYLAND			
14. Maiden same MATIMPA BOSWELL  15. Birthplace MARYLAND	(Include pregnaucy within 8 months of death)  Major fludings of operations.  Date of op.		
16. Informant GEORGE W. JONES  Address WESTMINSTER, MD.	Actorsy results		
17. Burlal, and Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cometery or crematory.  OAKLAND CEMETERY  Location.  CARROLL COUNTY, MD.	Where did injury occur?		
18. Funeral director. C. HARIRY WIEER	Means of injury injured at work?		
Address SYKESVILLE, M.D.	23. SIGNATURE LA		

Registrar Addrew LL Structure LL May Date signed 11/2 3/45

CHARLES OF BEATER

NOV 26 1948

2411 N. Charles St., Baltimore 13-6

# CERTIFICATE OF DEATH

74

				NOS. DIEC TOM		
1. PLACE OF DE			100	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town)			***************************************	(For newborn infants give residence of mother)		
			71170 A T	State Maryland County		
(Ir e	outside city or town	onths.	4 days	City or town Baltimore (If outside city or town limits, write RURAL and give ne		
How tong in above place Hospital, institution, or				Street No. 2102 N. Howard St.		
Maryland	Tuberci	Pipoli	Sanatorium	Street No. (If rural, give LOCATION)		
Colored	Branch,	Henry	ton, Maryland	2.(a) If veteran, name war.	/	
3. (a) FULL NAM					N_L	
J. (a) I OLL IVAM		A ATEMIN	TITOLIA O TORTO	3. (b) Social Security	Number	
			THOMAS JONES e, married, widowed, or divorced			
4. Sex	5. Color or race	b.(a)singi		MEDICAL CERTIFICATION		
male	col.		single	20. OATE OF OEATH November 26, 19 45	1:10A	
B.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above stated; that I ettended dece	ased from	
				Feb. 22. 19.45 to Nov. 26.	6, 1945	
7. Birth date of	v. Octobe		c) If alive, give ageyer	and that I last saw h. imalive on Nov. 26,	19.45	
deceased (mo., day,	7			Immediate cause of death	DURATION	
8. AGE: Years		Days	If less than one day	Pulmonary Tuberculosis	Sept.	
18	3 0	29		n.	1944	
B Richniana Ba	altimore.	Md.	state)	Bue to		
3. Billiplace	(Town	, county, and	state)			
1D. Usual occupation	Labore	er		Due to		
1t. industry or busines	ss			500 10		
E Nome	Carpenter	Jone	S	Other conditions		
			Maryland			
ec   13. Birthplace _L	TI 7	D. L.		(Include pregnancy within 3 months of death)		
置 14. Maiden name	Helen	Pate		Major findings of operations		
2 15. Birthplace	Virgin	nia				
14. Maiden name 15. Birthplace 16. Informant	euben Hot	fman.	M.D.	Autopsy results		
ID. INTOFMANTTI	enry ton,	Montel		PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address 116	mry com,	Maryı	Mail ha	22. VIOLENCE: tf death was due to external causes, fill in the following;		
17(Burial, cremation		Date ther	eof. (month (day) (year)	Accident, suicide, or homicide		
	Was	000				
Cemetery or cremate	ory of July	ner	Juaner			
Location			AL	Injured at home, farm, Industry, public place (where?)		
40 Europe dine 4: 4	1 NA	hus	Hahling.	Means of injury Injured at work?		
18. Funeral director	No of			7 (000	~	
Address	4/8	de	of they al	23. SIGNATURE (Cechou Alfrica, m.	. )	
Nov. 2	26, 19 45	all	ed R. Swa 1	M. D.	or other	
(Date rec'd by re		D	enuty Loca Registr	Address Henryton, Md. Date signed.	11-26-45	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The enterpretation is especially important. Physicians: please write the causes of death clearly and legibly. **VS A15** 

MARGIN RESERVED FOR BINDING

sprrect age

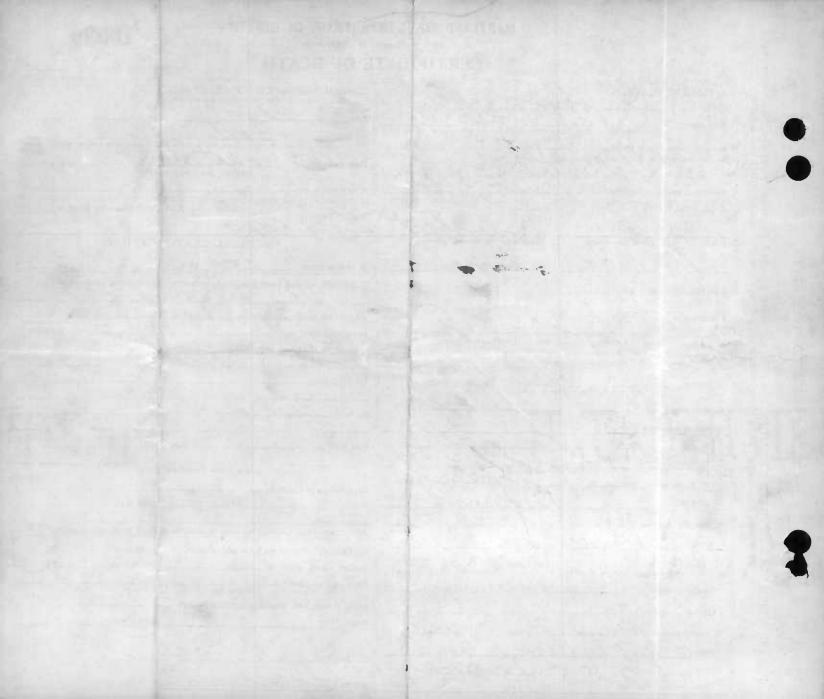
RECEDED TO A

2411 N. Charles St., Baltimore 108

CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County A Sold	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn trantn give residence of mother)
Cily or town(If outside the of town limits, write RURAL and give nonneet town	State Manity of town Balling Manity
How long in above place of death?  Hospikal, instilution, or street address were death occurred.	City or town (17 outside city or fown limity, write FURAL and give nearest town)  Street No. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Bow long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Lambert	+ Kalendels 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
M. W. Single	20. DATE OF DEATH. 25 21 2-12
6.(b) Name of husband or wife.	21. I CERTIFY that leath occurred on the date above stated; that I attended deceased from
7. Birth date of	and that t last saw hamalive on 19.4.
8. AGE: Years Months Days It less than one day	Immediate cause of death
25 2 24phrs.	min. Logar tulumona 5 d
9. 8irthplace Mary Jane	Due to.
(Town, bounty, and prate)	
10. Usual occupation	Due to. Children
12. Name John Mally delk	Diher conditions
13. Birthplace Polary	(Include pregnancy within 3 months of death)
E 14. Malden name. Assistant parellone	Major fiadings of operations.
14. Maiden name. And Market State of Colombia	Date of op.
16. Informer 11 11 11 11 11 11 11 11 11 11 11 11 11	Autopsy results
Address of the state of the sta	22. VIOLENCE: tt death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?)  Dais thereof. 7/07. 30. 4 (month) (day) (year	
Cemelery or crematory of also Rosary	Where did injury occur?
Location Bulto, Co	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Wm. S. Fiall rowsky	Means of injury tnjured at work?
Address 200 Casterns and	25. SIGNATURE M. D. or other
(Date rec'd by registrar)	egistrar Address MARANCE Mare signed 1

THARGIN RESERVED FOR BINDING

VS A15



WRITE PLAINLY, is especially

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore [3]

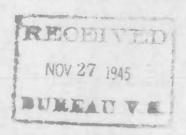
10940

# CERTIFICATE OF DEATH

0010

74

				Neg. Dist. No	
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the second	F DECEASED:	
County Carroll Henryt	~~~	***************************************	3/0	niy	
(If outside city or	town limits, write R	RURAL and give nearest town)	Boltimono.	nty	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
How long in above place of death?	4 months	, 25 days	City or town	, write RURAL and give us	earest town)
Hospital, Institution, or street address	where death occurred	1:	Streef No. 405 N. Carro	llton Ave.	
Maryland Tube	rculosis	Sanatorium	(If rurnl, give		
Colored Branc How long in hospital or institution?	ii, iidili y	oon, mary tand	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security	Number
	WILLI	AM OSCAR KEETE	R	228-01-10	067
4. Sex 5. Color or ra	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male   col		married	20. DATE OF DEATH November 2	3, 19.45	, 6:45A
6.(b) Name of husband or wife	Irene Ke	eter	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dec	eased from
		c) tf allve, give age38year	June 28, 194 and that I last saw h im alive on Nov.	D NOV. 2	1945
7. Birth date of	ember 25		and that I last saw halive on Nov.	25,	1945
deceased (mo., day, yr.) Dec  8. AGE: Years   Months		If less than one day	Pulmonary Tubero		DURATION
50 1		hrs. min.	Pulmonary Tubero	ulosis	***
		1			1944
9. Birthplace Ruther	ford Cou	nty, N.C.	Due to	*******************************	***************************************
		ker			ж
		**************************************	Due fo		••••
11. Industry or business	W h			••••••	***
			Dther conditions		***
13. Birthplace North			(Include pregnancy within 3 n	nonths of death)	
14. Maiden name Minn Nort	ie Hampt	on	Major findings of operations		
15. Birthplace Nort	h Caroli:	na	Major findings of operations		
	n Hoffma	n. M.D.			
			Antopsy results		
Address Henry	ton, Mar	1.1	22. VIOLENCE: If death was due to external cause		
17 Surial (Burial, cremation, or removal.)	Date there	eof (month) (day) (year)	Accident, aulcide, or homicide		
0.6	-	nen. Rong			
Cemetery or crematory	Ita	7	Where did injury occur?(City or town)		
Location	~	ng	Injured at home, farm, Industry, public place (wh		••••••
18. Funeral director Will	iam a	· Jackston	Means of Injury	tnjured at work?	
Address 9161	Denn C	we Balto,1	and low Ban &	Shana >	6.5
. Nov. 23	45 (10	Leck R. Leves 1	23. SIGNATURE	M. D.	or other
19. Nov. 23 a 19. (Date rec'd by registrar)	De	eputy Local Registrar	Henryton, Md.	Dafe signed	11-23-4



VS A15

MADVIAND	CTATE	DEPARTMENT	OF	HEATTH
MINICIAND	DIMIL	DELARIMENT	Ur	BEALIR

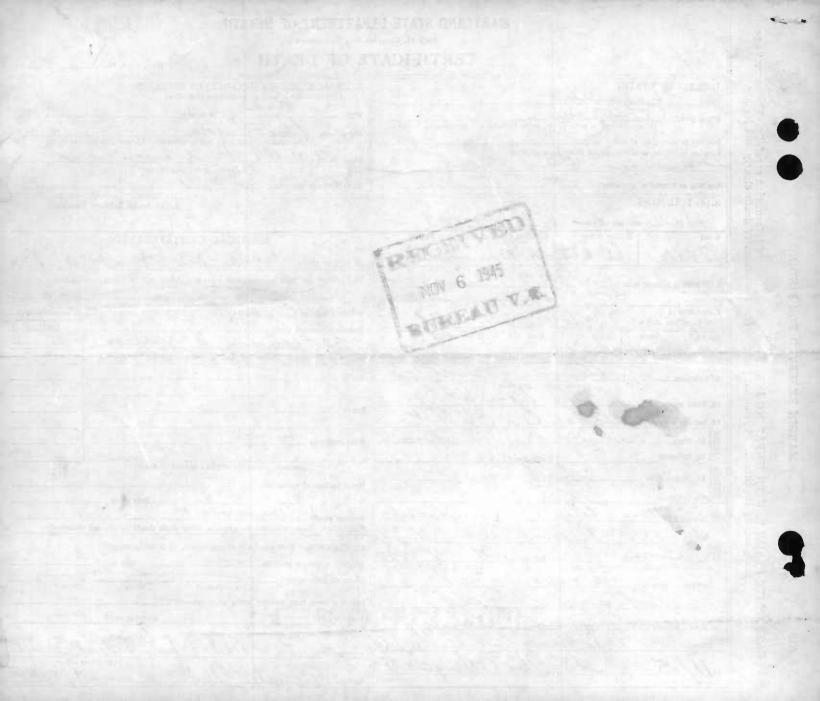
2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

10941

Be

	Rog. Dist. 140
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbook-infants give residence of mother)
Coonty	" (For devided an and specified of mother)
City or town	State
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Ipatifation, or street address where death occurred:	
Rause 40	Autor unitarian de la companya del companya del companya de la com
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Howard Knudeen	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Meles Whith Married	nouse + 45-11 P.
27h. 04 11 0	20. DATE OF DEATH 19. TO 21
6.(6) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If allve, give age 5 yea	19, to
7. Birth date of	and that I tast saw halive on
deceased (mo., day, yr.) Chelover 27, 189	Immediat@cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
-ul - 0	
3 7 8hrsml	7
9 Richalace Ballimore Maryland	
9. Birihplace (Town, county, and state)	Due to
Machinest	
10. Usual occupation	Due to.
11. Industry or business Sithelehen Ill Co.	
51 / day R. K. dag	
12. Name (Manuel Vouvay)  13. Birthplace Noway	Diher conditions
13. Birthplace //oway	
# 9/b ()	(Include pregnancy within 3 months of death)
E 14. Malden name.	Major findings of operations.
14. Malden name Thicknown  15. Birtholace Maryland.	
and OH IN V	Date of op.
16. Informant Mrs Chef of fruitsen	Antopsy results.
Address I 40 8 Frederick ave Balts. In	HYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2 400 frederick We Balts. M	22. VIOLENCE: If death was due to external ceuses, fill in the following;
(Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, eremation, or removal, worder) (asy (year)	
Cemelery or cremalory	Where did injury occur?
Location Ballingson Miles	injured at home, farm, industry, public place (where?)
10 Swand dhout Thouse & Saharah	Means of Injury Injured at work?
18. Funeral director	I del 1. N - A 1. W
Address 210/ Friderick aut. Balls. M.	23 STABLEY / March Prosty Medical Examine
18/1/05 18 HD Shu Drungder	M. D. or other
(late rec'd by registrar) Registra	Address Mullitude Dale signed



# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 48-8

10942

	CERTIFICATE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH:  County  City or town County or town Healts, write RURA	2. USUAL RESIDENCE (HON (For newborn infants give resident) State State	
How long in above place of death?	May City or town (If outside city or to	wn limita, write RURAL and give nearest town)  MANUAL STATES OF THE STAT
3. (a) FULL NAME	Part of Antalogue	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, marr	10	AL CERTIFICATION  THE STATE 1945 OF 8-30
6.(b) Name of husband or wife	Ive. give age years June 2	e date above stated; that lattended deceased traff
20 0 00	less than one day	A UL LANGUE
9. Birthplace (fown, county, and state)	and Due to France	
11. Industry or business  H 12. Name of Alaba Alaba Alaba  13. Birthelace	chen Other conditions	
13. Birthplace  HU  14. Maiden name  15. Birthplace	Major findings of operations	within 3 months of death)
16. informant 12 Charles 16. Address: 5 / 0 9 / Dennin	Rotchen Antopsy results.	use to which death should he charged statistically.
17	//- /2- /945  (month) (day) (year)  Where did injury occur?	Date of
Cometery or crematory Action  Location Account		place (where?)
18. Feneral director This Address 1,426 Right A)	23. SIGNATURES A.	Hastin III

VS A15

19. (Dats rec'd by registrar)

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

# CERTIFICATE OF DEATH

109436

/	Reg. Diat. No.
A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
CountyWestminster	State Maryland County Carroll
City or town. (If outside city or town limits, write EURAL and give nearest 30 years	town) Wastmin and to an
How long in above place of death?	City or town
nospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS. ELSIE OI	IVA LAUGHMAN
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divol	medical certification
Female White Married	
	20. DATE OF DEATH 1000, 13 th 1945 216.50 P. M
6.(b) Name of husband or wife Peter Laughman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If elive, give age	Jan 1 - 1945 10 My. 13. 1945
7. Birth date of Tables O 1872	and that I last saw h
deceased (mon ad), 71.7	Immediate cause of death acute farture DURATION
8. AGE: Years Months Days If less than one day	Dilatation 29 hrs
••••••••••••••••••••••••••••••••••••••	
9. Birthplace Carroll Co. Maryland	Due to arterio Alleronio 522
9. Birthplace	•
10. Usual occupation	Due to Chrome muso cardidas 1442
11. Industry or business	
Manual and	Dither conditions
	(Include pregnancy within 8 mouths of death)
14. Malden name. Od Citer Tite INTO Les WOT Cit	
14. Malden name. Catherine Molesworth  Maryland	Major findings of operations
Mr. Peter Laughman	Date of op.
10, inturmant	Autopsy results.  PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address 128 Penna. Ave., Westminste	ir, Ma
Burial    Burial   Bate thereof   11-16-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, eremation, or removal, Whiteh?) (month) (day)	(year) Accident, suicide, or homicide
Cemetery or oremetery	Where did injury occur?
Location Taylorsville, Carroll Co. Md	Injured at home, farm, Industry, public place (where?)
C M Woltz	Means of Injury Injured at work?
16. Funeral director	
Address Winfield, Md.	23. SIGNATURE Sellas R Fout mo
11/11- W Thank	M. U. of other
191919	Registrar Address Weshmith Mak Date signed 11.13.45

DATE AND TEATE DOLLET HEALT OF HEALTH

T BOUND OF SHIPS

Marin and Company

to hope when the

THE REAL PROPERTY.

RECEIVED

NOV 26 1945

BURLAU V.S.

3

# MARYLAND STATE DEPARTMENT OF HEALTH

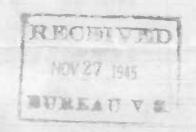
2411 N. Charles St., Baltimore 948)

# CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
3. (a) FULL NAMI				3. (b) Social Security Number
	John L.Le	eister	none	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION
M	W	married		ty 19.45 - 14:32 A
7. Birth date of		Arnold Leister years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.44	
8. AGE: Years	Months	Days tf less than one day	Immediate cause of death	DURATION + C/4
		county, and state)	Due to	
10. Usual occupation  11. Industry or business		uaca	Due to	
12. NameJ.es 13. Birthplace	se M.Leis	ter	Other conditions High Blum	d Presence 1 year
ad l		awyer Wd	(Include pregnancy within 3	
16. Informant Mrs		ister	Autopsy results PHYSICIAN: Please underline the cause to v	
17(Burial, cremation,		Date thereof	22. VIOLENCE: If death was due to external confident, suicide, or homicide	Date of
/		own, Md.	Injured at home, farm, Industry, public place (	where?)
18. Funeral director	C.O.FUS	S & SON	Means of Injury	Injured at work?
Address		ytown, Md.	23. SIGNATURE P. M. Be	nner Mod.
19 / Date rec'd by res	19 KJ	Mary B. Wilt Registrar	Address Janey Ton 1	M.D. or other  M.D. or other  Date signed 11/5/146

MARGIN RESERVED FOR BINDING



PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

# CERTIFICATE OF DEATH

Reg. Diat. No. ...

I. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	State Med: county Lassoll
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long In above place of death?	
The state of the s	Street No. 7//2 List Lating (If rutal, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Marshall Enias Linder	3. (b) Social Security Number 219 - 51 0 6
4. Sex 5. Golor or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
married narried	20. DATE DE DEATH Noormber 5 19.45 at M
8.(4) Name of husband or wife. Fammus Crims mulls	21. I CERTIFY that death occurred on the date above stated; that lettended deceased from
7. Birth date of	and that I lest saw have alive on North 5 19 45
deceased (mo., day, yr.) March 17 - 186	Immediate case of death
8. AGE: Years Months Days It less than one day	
	January Colon
9. Birthplace	Due to
10. Usual occupation DMM: Water water Esa Pust	Due to.
11. Industry or business	
12. Name Lo Mumbus Lindsay  13. Birthplace Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Ham Swon:  15. Birthplace Md.	Major findings of operations.
15. Birthplace md.	Date of op.
16. Interment of a get I was deary	Autopsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 41/2 Debrile St. Westminster md.	22. VIOLENCE: If death was due to external causes, till in the following:
17 Burial, cremation, or removal. Which?)  Date thereof 701. 9-1945- (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bahil Century	Where did injury occur? (City or town) (County) (State)
Location prus Windson, md.	Injured at home farm, industry, public place (where?)
Y1B-1-11	Means of Injury Injured at work?
18. Funeral director. At an	0 1 0 7/4 1
Address Wellminster Md.	23. Sign M. D. or other
19. (Date rec'd by registrar) Registrar	Address Wix levelle DAS Date signed Nov 6/45

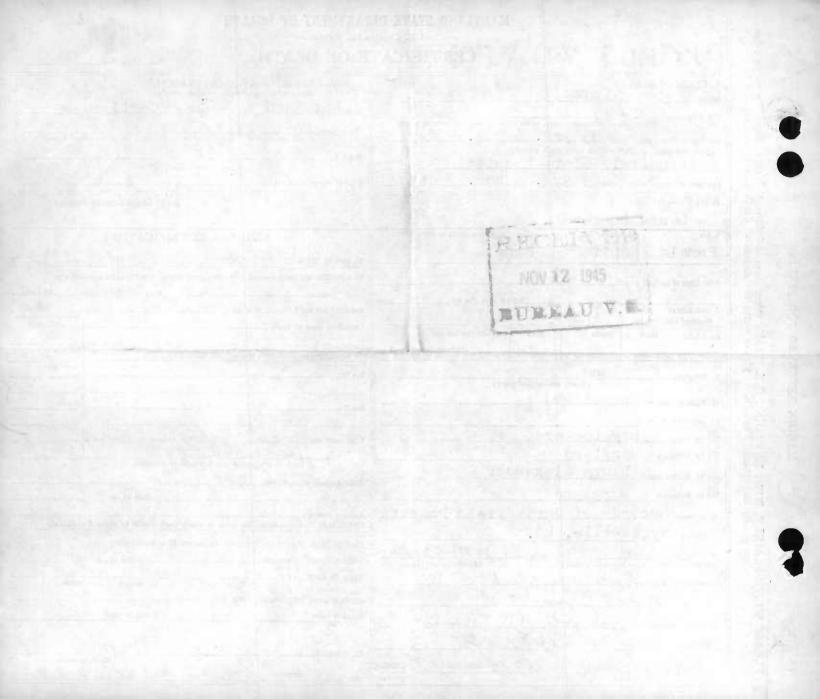
NOV 9 1945 BURBAU V.E. MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-7

10946

/			CERTIFIC	ATE OF DEATH Reg. Dist. No74	š
How long in above place Hospitat, institution, or Springf	Carro  ykesvill  outside city or town if  of death? 3 y  street address where  ield Sta	e mits, write R RS. 6 death occurred te Ho:	URAL and give nearest town)  MOS . 7 days  spital  MOS . 7 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Cecil  City or town North East (If outside city or town limits, write RURAL and give neares  Street No. (If rural, give LOCATION)  2.(a) II veteran, name war.	st town)
3. (a) FULL NAM	E			3. (b) Social Security Nu	mber
Laura	Lockard				
Female	5. Color or race White	17.552 18.25	ngle	MEDICAL CERTIFICATION  20. DATE OF DEATH Kneeder 9 19.45	430 A.
6.(b) Name of husband 7. Birth date of	or wite	6.(6	) It alive, give agey.	21. I CERTIFY that death occurred on the date above stated; that I attended decease  12. I CERTIFY that death occurred on the date above stated; that I attended decease  12. I CERTIFY that death occurred on the date above stated; that I attended decease  12. I CERTIFY that death occurred on the date above stated; that I attended decease  13. I CERTIFY that death occurred on the date above stated; that I attended decease  14. I CERTIFY that death occurred on the date above stated; that I attended decease  15. I CERTIFY that death occurred on the date above stated; that I attended decease  16. I CERTIFY that death occurred on the date above stated; that I attended decease  17. I CERTIFY that death occurred on the date above stated; that I attended decease  18. I CERTIFY that death occurred on the date above stated; that I attended decease  19. I CERTIFY that death occurred on the date above stated; that I attended decease  19. I CERTIFY that death occurred on the date above stated; that I attended decease  19. I CERTIFY that death occurred on the date above stated; that I attended decease  19. I CERTIFY that death occurred on the date above stated; that I attended decease  20. I CERTIFY that death occurred on the date above stated; the date above stated that the date above stated the date above stated that the date above stated the date above stated that the date above stated the date above stated the date above stated that the date above stated the date above	d from 9 19 45
8. AGE: Years		ry 9,	1911 It less than one day	Immediate cause of death	DURATION
3.4 8. BirthplaceMa	ryland (Town, unemploy	county, and s			3 42
11. Industry or bosines  12. NameHe  13. Birthplace	nry Lock Maryland	ard		Other conditions Tychain Desired Districtions Of Control of Contro	3 92.
14. Maiden name.	Laura A		ier	Major findings of operations	
Address Syk	esville, al or removal Whiching on Me onth Car onth Car	Md.  Date there  Lh. odi  ch. S	gfield Hospit  (month) (day) (year)  A Cook  P Frank  Regist  Regist	PHYSICIAN: Please nuderline the cause to which death should be charged sta  22. VIOLENCE: II death was due to external causes, till in the following:  Accident, suicide, or homicide	State)

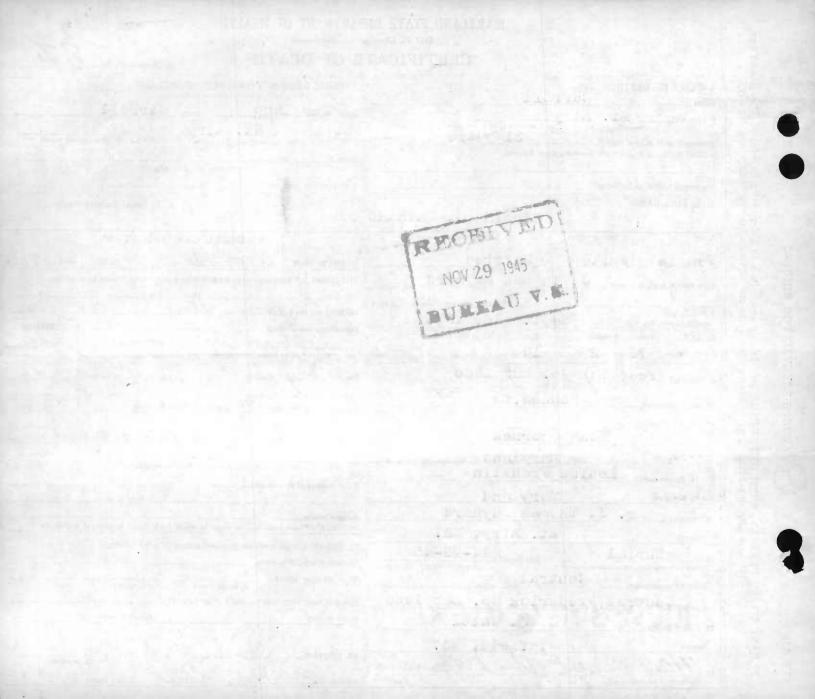


2411 N. Charles St., Baltimore 93-0

1 PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED:	
City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Carroll  City or town. Airy (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) 11 veteran, name war. 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female white Married  6.(b) Name of husband as wife J. Thomas Maynard	MEDICAL CERTIFICATION  20. DATE OF DEATH	
7. Birth dato ot deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day   Months   Mont	and that I last saw h LA alive on NOV 26 19.5  Immediate cause of death DURATI  Pulmonary redema 2 do	
9. Birthplace Frederick Co. Maryland (Town, county, and state) 10. Usual occupation	Due to Myocardial in sufficiency 2 d  Due to 6hr. Myocardites y  Other conditions 6hr. Hypartrophic arthritis : y	
12. Name	Major findings of operations.  Sentral Arthria - Selevato ? 'y  (Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.	
Mr. J. Thomas Maynard  Address Mt. Airy, Md.  Burial Bate thereof 11-29-45  (Burial, oversation, or removed, Which?) (month) (day) (year)  Cemetery or examples.	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: 11 death was due to external causes, 1111 in the following:  Accident, suicide, or homicide	
Location Central, Frederick Co. Maryland  18. Funeral director	Injured at home, 1arm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE	

VS A15

I MARGIN RESERVED FOR BINDING



BINDING

FOR

MARGIN RESERVED

HIT IS NO RESERVATED BYATE AREITEAN

HEART NO STEAMED



2411 N. Charles St., Baltimore (97)

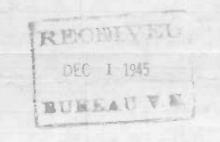
10949

.Date signed 11-23-45

			CERTIFIC	ATE OF	DEATH		Reg. Dist. No	74
1. PLACE OF DI	EATH:	RROLL		2. USUA	AL RESIDENCE (HOM	AE) OF D	ECEASED:	
City or town(If How long in above plac Hospital, instilution, o		AR SYKE mite, write R onths death occurred	SVILLE URAL and give nearest town)	City or fow Street No.	State MARYLAND County  City or fown Baltimore City  (If outside city or town limits, write RURAL and give nearest town)  Street No. 863 W. Fayette Street  (If rural, give LOCATION)  2.(a) If veteran, name war.			
3. (a) FULL NAM	IE						3. (b) Social Security	Number
	Harvey (	Clifto	n Meredith					
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICA	AL CER	TIFICATION	
MALE	WHITE	U	ınknown	2D, DATE D	F DEATH Novembe	er 23	19.45	.3:40p.
6.(b) Name of husband	or wife Mrs.	Atkir	1S ) If alive, give agey	21. I CERTI	IFY that death occurred on the	194	taled; that I attended deces 5 to Nov 2	ased from
7. Birth date of			1875	and that I I	last saw hI.Malive on	Nov	ember 23	19.45
8. AGE: Year	s Months	Days	If less than one day	min. Immediate	came of death riosclerosi	is, p	rior to	DURATION 1943
1D. Usual occupation.	druggist	drug		***************************************				
12. Name Hen	ry Meredi	th	***************************************	Diher condi	Psychosis	wit	h cerebral	
∑ 13. Birthplace Delaware				arte	riosdlerosi			1 year
14. Maiden name. 15. Birthplace	Mary Jest	er	n	Major find	(Include pregnancy w			
16. Informant	PRINGFIELD	STATE H	OSPITAL RECORDS	Antopsy re	esults		•••••	
	SYKESVILLE, N			PHYSICIA	N: Please underline the caus	se to which	death should be charged	itatistically.
	n, or removal Which?)	Date there	(month) (day) (year)	Accident, s Where did	ENCE: If death was due to extended to the solicide, or homicide	town)	Date of(County)	(State)
18. Funeral director					TURE BERTRAND M	extra	and May	MD.
19. (Date rec'd by re	egistrar)		Regist		SYKESVILLE.			1-23-45

PLEASE

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore /07

# CERTIFICATE OF DEATH

		0/
Reg.	Diat.	No. 8/

ODKI II ICA	Reg. Diat. No		
1. PLACE OF DEATH: County Cassell	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State County County City or town United Orus (If outside city or town lighter, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Sireet No. Route (If rurai, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Larry Engene Milberry	3. (b) Social Security Number		
Males Colored Singles, married, widowed, or divorced from Shales	MEDICAL CERTIFICATION  20. DATE OF DEATH. 2007 18 19.55 at 8.79		
8,(ò) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) July 10 - 19 45	and that I last saw h. town alive on 19.14.		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
9. Birthplace	Due to		
1D. Usual occupation	Due to		
12. Name Mestan James 13. Birthplace Mayled	Dither conditions		
14. Malden name Tallua Guillerry	(Include pregnancy within 8 months of death)  Major findings of operations.		
15. Birthplace Maylal			
18. Informant Gelme Milberry Address Thin Bulge Mil R. 1	Autopsy results		
17. Burial, cremation, or removal, Which?)  Bate thereof. Mark 20 - 19.45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory. Keys Chael-OD Fello	Where did injury occur?		
Location D. D. Hartel + Lors	Injured at home, farm, Industry, public place (where?)		
Address Him Budge & Hew Wenton Ind.	23. SIGNATURE D. H. Lugg		
19. Hav. 20 18 45 / Lighman	23. SIGNATURE.  M. D. or other		

Registrar

Address.

PLEASE

Mv. 20 (Date rec'd by registrar)

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

STRUCTURE TO THE METAL TO STATE OF LIVERS

riskaniak arventiren

RECOUVED

WILL 7 1946 -

10950

#### CERTIFICATE OF DEATH

/				es St., Baltimore (3.4)			
			CERTIFICA	TE OF DEATH Reg. Dist. No	74		
(If of the long in above place to the long in above place to the long in the long or	enryton  teside city or town l  of death?  Tubercu Branch;  Institution?	death occurred ulosis Henry	URAL and give nearest town) 14 days  Sanatorium ton,  IA MITCHEIL e, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)  State			
female	col.		single	2D. DATE DF DEATH November 12, 19 45	9:00A		
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended decea June 28. 10 45 to Nov. 1	sed from		
deceased (mo., day, yr 8. AGE: Years	Months	Days 4	If less than one day	Tuberculous Meningitis	DURATION Oct. 29,194		
10. Usual occupation 11. Industry or business	Scho.	Lar	itate)	Due to	Feb. 1945		
	Ozella Morth Ca	McGlor arolir	le la				
16. Informant	uben Ho	r Tillgill'	NI . U .				
Address TE  17. (Burlal, cremation, Cemetery or cremator Location	Popul	Date then	mod (month) day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)		

ARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore 93.2

10951

			74
Qag.	Dist	No	11

	TE OF DEATH  Reg. Dist. No. 24		
1. PLACE OF DEATH: County. Carroll City or town. Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 mos., 8 days. Hospital, institution, or street address where death occurred: Springfield State H. osp. How long in hospital or institution? 2 mos., 8 days.  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State Maryland County Montgomery  City or town Takoma Park (If outside city or town limits, write RURAL and give nearest town)  Street No. 229 Willow Ave.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number		
Nellie Moore  4. Sez 5. Color or race 8.(a) Single, married, widowed, or divorced female white widow	MEDICAL CERTIFICATION		
8.(b) Name of husband or wife James M. Moore  8.(c) If alive, give age year deceased (mo., day, yr.)  9.(c) 1856			
8. AGE: Years   Months   Days   If less than one day   89   4   7	Immediate cause of death DURATION  Chronic Myocarditis		
(Town, county, and state)  10. Usual occupation Housewife  11. Industry or business OWN home	Due to		
E 12. Name. M. Wilson 13. Birthplace unknown	Other conditions Senile Psychosis (Include pregnancy within 3 months of death)		
14. Maiden name unknown 15. Birthplace 16. Informant hospital records	Major findings of operations.  Date of op.		
Address  17 Bute thereol (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Commetery or crematory Socials and Sameless Location Socials and Sameless and Samel	Where did injury occur?		
18. Funeral director  Address 254 Gaprall St. A. N. Talomo B. S.	Means of Injury  Injured at work?  23. SIGNATURE  M. D. prother		
19/100, 29 1943 C. Charry Well	M. D. orrother		

MARGIN RESERVED FOR BINDING

VS AX5

REC DEC · 1 1945

BUREAU

2411 N. Charles St., Baltimore 16470/

1	()	9	5	2
			0	5

### CERTIFICATE OF DEATH

Reg. Dist. No. 7/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Progression County County
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town limits, write RURAL and give nearest town)
Hospital, Institutions or street address where death occurred:	Street Ho.
	(If rural, give LOCATION)
3. (a) FULL NAME	3.(b) Social Security Number
Teston Emmanuel Museus	51(0) 555111 555111 555111
4. Set   5. Color or race   6.(a) Single, married, ydowed, or divorced	MEDICAL CERTIFICATION atous.
m While Malnet	20. DATE OF DEATH November 24 19 5 at 1:30 P
8.(b) Name of husband or wife Money Peloy Negeor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e (a) Mallus elus ana	ars 19 19
7. Birth date of deceased (mo., day, yr.) February 25 1878	end that I last \$54 th
8. AGE: Years   Months   Days   It tess than one day	Immediate cause of death DURATION
67 8 29hrsmi	in. 11
9. Birthplace	Bue to
10. Usual occupation Painter	
11. Industry or business	Due to
12. Name. David & Myssa 13. Birtholace Many gand	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Many J. Muyers  15. Birthplace Many load	Major findings of operations.
15. Birthplace Mady los	Date of op
16. Informant Many Feting Muyers	Antopsy results
Address Walminsten net	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicing dues le Date of New 24-194
Cemetery or crematory. Pleasant Vaccing	Where did injury occur? (City or town) (County) (State)
Pleasant Valley	Injured at home, jarm, industry, public place (where?)
Location La D Juss El Horr	Meane of Interface guing by relace Injured at work? Hop
18. Funeral director O. J. O. M.	( of the serve the side .
Address I save town the save t	23. SIGNATURALLES PROPERTY M. D. or other
19. Nov. 24 19 45 Margarel (. u.g.)	rar Address Wedneson Mis Date signed 11/24/



2411 N. Charles St., Baltimore (83 2)

CERTIFICAT	TE OF DEATH Reg. Dist. No. 7/
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, white RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County County City or town (if outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) It veteran, name was seemed and all the county co
3. (a) FULL NAME Ira Caylor Otto	3. (b) Social Security Number
Male white marked, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of hysband as wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)	Due to general year
11. Industry or business    12. Name	Dither conditions
14. Malden name Many Cary Low  15. Birthplace Magy Land  16. Informant Mys. Bessel M. Otto  Address May Son M. O. C.	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
17(Burist, eremation, or removal, Whish?)  Cemetery or crematory	22. VIOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Euneral director 2. 2 4 Men Comass Mis	Injured at homer farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE LILLER & TURNER & D.
19. Nov 27 19 45 margaret Ragle (Date ree'd by registrar)	Address Westernester The Date signed 11/25/NS

VS A15

WRITE

PLEASE

MARGIN RESERVED FOR BINDING



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/07

# CERTIFICATE OF DEATH

1(1954 # 76 Reg. Diat. No. # 76

1. PLACE OF DEATH: County Constant Cons	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County
(If outside city or town limits, write RURAL and give nearest town)	
Now long in above place of death?	(if outside city or town limits, write RUKAL end give nearest town)
nuspital, institution, or street audiess where death occurred.	Street No. INTEGRAL CLASSIC Man MANUALL
Now long in hospital or institution?	(If rural, give LOCATION)  2.(a) It veteran, name war
3. (a) FULL NAME  Servi Perru	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Col. widowed	20. DATE OF DEATH 1 20 Let 25 194 5 at 6 A.
8 (b) Name of his hand or wife Malenda Perm	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Quant 30 1045 10 Mon 28 1045
7. Birth date of years	and that I last saw harman alive on the same and that I last saw harman and that I last saw harman and the s
deceased (mo., day, yr.) / 813	Immediate cance af death DURATION
8. AGE: Years Months Days It less than one day	meditis 2ms
Wort 10 - hrsmin.	Q 3
9. Birthplace Marky Ch. North Carolina (Town, county, and state)	Due to Ortenschlerosis under
10. Usual occupation labour	me s
11. Industry or business	Due to
E .	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Description (Aroles 4)	Major findings of operations.
15. Birthplace Worth Carry	Date of on.
16. Informant Parid Persy	Antopsy results.
1.1 2 10 0 201	PIIYSICIAN: Please anderline the cause to which death should he charged statistically.
Address West Musister, N. D. M.	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Bale thereot (month) (day)/(year)	Accident, suicide, or homicide
Cemetery or crematory MSSTerras Charles Charles	Where did lajury occur?
Centerery of Commandian	
Location / Market Marke	Injured at home, farm, industry, public place (where?)
18. Funeral director 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Means of Injury Injured at work?
Address of lastrumsty, and of	23. SIGNATURE CREEK WILLIAM
19. 1/2 £ 1945 Heller Sand	M. D. or other
(Date rec'd by registrar) Registrar	Address. Pate signed

NW 30 1943 BUNKAU Y.E. MARGIN RESERVED FOR BINDING

# CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	Henryton	mits, write R	URAL and give nearest town)	State Maryland con	Baltimor	e	
How long in above place	of death?	щоны.	is, a days	City or town Dundalk (If outside city or town limits	s, write RURAL and give n	enrest town)	
Marylan	street address where	death occurred	s Sanatorium	Street No. 136 Chestnut		***************************************	
Colored	Branch,	Henry	ton, Maryland	(If rural, give	LOCATION)	المساوا	
3. (a) FULL NAM					3. (b) Social Security		
		EDI	DIE RICE		579-24-0721		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
male	col.		single	20. DATE OF DEATH November	21, 19 45	, 19:30P.	
4800880808888888844440088800000		6.(	c) If alive, give ageyear	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 19, 19, 45, to November 21, 19, 45 and that I last saw h immalive on Nove 21, 19, 45			
8. AGE: Year		Days	If less than one day	Immediate cause of death Pulmonary Tuber	culosis	Nov.	
1		6	hrs min.			1944	
9. Birthplace	Machin	connty, and	nsylvania <sup>state)</sup> rator	Due to		****	
	Robert R Blacksfo		.C.	Dther conditions			
14. Malden name	Annie	Foste	<u>r</u>	(Include pregnancy within 8 months of death)  Major findings of operations			
14. Malden name 15. Birthplace	Wooden						
16 Informant	Reuben Ho		, M.D.	Autopay results		.40001104000000000000000000000000000000	
	enryton.			PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	n, or removal. Which?		eof 11-24-4 J (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		•••••	
	ory Winn	show		Where did injury occur?			
Location	north	v (a	colina	Injured at home, farm, industry, public place (w	here?)		
1B. Funeral director	Elion	6. u	leon	Mesns of injury	Injured at work?		
Address / /			ly ave	23. SIGNATURE REGRESS AT	Huanm.	<b>D</b> .	
19. Nov.	21, 19 45	Deb	uty Local Registral	M. D. or other  Address Henryton Md. Date signed 11-21-			



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.

# CERTIFICATE OF DEATH

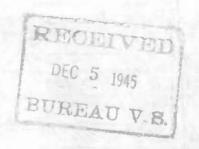
10956

4				011
	Reg.	Diat.	No.	17

1. PLACE OF DEATH:  County	Street No		
3. (a) FULL NAME  Matilda Seibert  4. Sei  S. Color or race White Single Single Single	3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE DF DEATH. Market Security Number  19. 4 . M. M		
8. (b) Name of bosbard nr wife	and that I last saw h 2 2 19.3 10 2 19.4 5  Immediate cause of death DURATION		
9. Birthplace Unknown  10. Usual occopation Machine operator  11. Industry or businesa  12. Name Frederick Seibert  13. Birthplace Unknown	Due to		
14. Malden name. Henrietta  15. Birthplace Unknown  16. Informant. Records of Springfield Hosp.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Sykesville, Maryland  17. (Barial, cremation, or removal, Which?)  Cemetery or crematory Saltinguare. Cemetery.  Location	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		

START TO TRACTION





10958

#### CERTIFICATE OF DEATH

86			141	2411 N. Cha	rles St., Baltimore		
rect		<b>a</b> ,*		CERTIFICA	TE OF DEATH Reg. Diat. No74		
information carefully. The co	How long in above pla Hospital, Institution,	rroll  Henrytor  outside city or town lin	mits, write RUR nonths, death occurred:	AL and give nearest town) 4 days Sanatori um on, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)  State		
ormat	3. (a) FULL NAM		ISAAC S	HERROD	3. (b) Social Security Number		
f inf	4. Sex	5. Color or race	6.(a)Single, m	arried, widowed, or divorced	MEDICAL CERTIFICATION		
n of	male	col.	si	ngle	20. DATE OF DEATH November 17, 19 45 all 0:1	OPM	
oly every item of i		Tonus		alive, give ageye	and that I last saw halive on1919191919	45	
Supply ease w	8. AGE: Yea 22	rs   Months		If less than one dayhrs m	Pulmonary Tuberculosis Apri	] 5	
ADING INK. Supply Physicians: please wr	9. Birthplace	Labore	North county, and state	Carolina *)	Due to.		
F-	12. Name	Roland Sh North Car	nerrod		Dther conditions		
PLAINLY, WITH UNF is especially important.			Howar	d a	(Include pregnancy within 3 months of deuth)  Major findings of operations		
NLY, Vecially		Reuben Hof Henryton,		M.D. nd			
TE	17(Burial, crematic		all	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
E WR	Location		10	our the	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?		
PLEASE WRI		17, 19 45	7,00	40.1.	23. SIGNATURE Called M. D. or other  M. D. or other  Address Henryton, Md. Date signed 11-1:	7-4	

MARGIN RESERVED FOR BINDING

VS A1B



Nume: Lee 7, Box 6150 1115/531T MARYLAND STATE DEPARTMENT OF HEALTH 111950 2411 N. Charles St., Baltimore QUA CERTIFICATE OF DEATH Reg. Dist. No. 78 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Carroll City or town Harney (If outside city or town limits, write RURAL and give negreet town) How long in above place of death? 50 yrs Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME Isaiah T. Shildt & Riest 4. Sex

widower

If less than one day

3. (b) Social Security Number none MEDICAL CERTIFICATION

nov. 16 10 45 1 8:15P

DURATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from aug 10 1945 to not 16 1945

chronic myscardial disease

(Include pregnancy within 3 months of death)

Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Where did injury occur? .....(City or town)

Meens of Injury

Registrar

Injured at home, farm, Industry, public place (where?) Injured at work?

Donald B. Coover

PLAINLY, V is especially WRITE A15

important.

age

FOR BINDING

MARGIN RESERVED

10. Usual occupation Painter & Paper Hanger 11. Industry or business 12. Name... William Shildt School

13. Birthplace Md 14. Malden name Sophia Bostian 15. Birthplace 16 Interment Charles M.A. Shildt Schildt Tanevtown R.D. Address 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Lutheran Location & Taneytown . Md . 16. Funeral director C.O. FUSS & SON Taneyt own Md.

8.(b) Name of husband or wite Emma Jane Shildt

deceased (mo., day, vr.)

8 AGE.

Sept. 10, 1868

Days

(Town, county, and state)



2411 N. Charles St., Baltimore

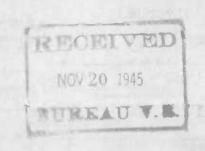
#### CERTIFICATE OF DEATH

Date signed 11-17-45

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) 01 (For newborn Infants give residence of	F DECEASED:	
County	***************************************	RROLL	BEEDYS BUD		
City or town	Outside city or town lit	AR SYKESVILLE	State Baltimore Ci		, o o o d , q , o o o o o o o o o o o o o o o o o
How long in ahove place	e of death? yr.	, 8 mo., 14 days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, o	r street address where d	leath occurred:	Street No. 3317 Beech	Ave.	
	SPRINGFIELD	STATE HOSPITAL	(If rural, give	LOCATION)	
How long in hospital	or institution? L yr	., 8 mo., 14 days	2.(a) If veteran, name war		
3. (a) FULL NAM	IE			3. (b) Social Security	Number
	Garland	Whittington Simpson	n	216-10-636	1
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
MALE	WHITE	divorced	20. DATE OF DEATH November 17	19. 45	10:00a
6.(b) Name of husbane	or wife Stell	a Orr	21. I CERTIFY that death occurred on the date abo	ve stated; fhat I attended dece	eased from
art-5 transport transmit				Nov. 1	19.4.2
7. Birth date of		Languageyears	and that t last saw h	ember 17	19.45
deceased (mo., day,		6, 1882	Immediate cause of death		DURATION
8. AGE: Year	months Months	Days   If less than one day	Cerebral thrombosi	<u>S</u>	Instant
63	3	11			***
9. Birthplace	nd.		Bue to Syphilis	001110011100000000000000000000000000000	43 yrs
	10	county, and state)			
10. Usual occupation.	Boah	esper.	Que to		
11. Industry or busine	ss Fish	Rulelier Ga			
当 12. Name JO	hn W. Sim	pson	Other conditions General par		
12. Name O		Maryland	the insane (Include pregnancy within 3 r		12 yrs
	Mary J	Barber	(Include pregnancy within 3 r	nonths of death)	
			Major findings ol operatious		
15. Birthplace		Maryland		Date of op	
16. Informant	SPRINGFIELD	STATE HOSPITAL RECORDS	Autopsy results		
Address	SYKESVILLE.	MARYLAND	PHYSICIAN: Picase underline the cause to wi		statistically.
30	· R	hay 19 1945	22. VIOLENCE: If death was due to exfernal cau		
(Burlal, crematio	n, or removal. Which?)	Date thereof (month) (day) (year)	Accident, suicido, or homicide		
Cemefery or cremat	tory Land	on Back.	Where did injury occur?(City or town)	(County)	(State)
Location 3	redrick	RL.	tnjured af home, farm, industry, public place (w		
40 Paral D. C	la Lanne	weth + don	Means of Injury ROBERT BERTRAND MAY,	injured at work?	
18. Funeral director	0 1		ROBERT BERTRAND MAT.	t- nan	an a
Address 36/	5-17 loh	estant tue.	23. SIGNATURE STORENT BENT	rand Illay,	or other
10 Nov /	7 1945	CHarus Yeer	SPRINGFIELD STATE H	ODE TIME	
(Date rec'd by r	egistrar)	Registrar	Address SYKESVILLE MARY	LAND Date signed.	11-17-45

PLEASE WRITE PLAINLY VS A15

MARGIN RESERVED FOR BINDING



5 1 2 5 1 1 m 31 5 1 L

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

10961 Reg. Diet. No. 82

1. PLACE OF D	1 1 1	arroll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Ridgev	ille	0000	Marvland Carroll		
City or town(I:	ontside city or town	limits, write F	URAL and give nearest town)	State Maryland County Carroll  Ridgeville  (If ontside city or town limits, write RURAL and give nearest town)  R. D. Mt. Airy  (If rural, give LOCATION)  2.(a) If veteran, name war.		
How long in above pla	ce of death?	30	URAL and give nearest town) Years			
nospital, Institution,	of griser anniese miste	death occurred				
	or Institution?					
3. (a) FULL NAI	n E	MINNI	E V. SNYDER	3. (b) Social Securi	ity Number	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Mar		20. DATE OF DEATH. NOV. 23, 1944	5 4,50 4	
8.(b) Name of husban	d <del>or wife</del> . Ben	nedict	B. Snyder	21. I CERTIFY that death occurred on the date above stated; that I attended d		
			) If alive, give age 71 ye	Tune, 18 24, to Nov.		
7. Birth date of deceased (mo., day	Son		. 1880	and that I last saw h. A. alive on		
8. AGE: Yea	7.77	Days		Immediate cause of death		
6	5 2	17	brs m	· Caronary Embolism	1 day	
9. Birthplace	arroll Co	o. Mar	yland	Oue to		
	(Town,	county, and s	tate)		****	
10. Usual occupation			•••••••••••••••••••••••••••••••••••••••	Due to		
11. Industry or busine		Uoim				
12. Name	Elhanan	nain	es	Bither conditions Chr. arthrivis	?yre	
13. Birthpiace		Maryl				
14. Malden name	Edith	A. Ke	lly	(Include pregnancy within 8 months of death)		
5 15. Birthniace		Maryl	and	Major findings of operations.		
Mr	. Benedic			Date of op		
16, Informant			Maryland	Autopsy results	ed statistically.	
D	- 7			22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burisi, exemption	1 100 4 157	Oate there	(month) (day) (year)	Accident, aulcide, or homicide	*************************	
Cemetery or cromet	Pine	Grov	9	Where did injury occur?	(9644)	
Location Mt.	Airy Car	roll	Co. Maryland	Injured at home, farm, Induatry, public place (where?)		
Location		A 3.5	Waltz	Means of injury Injured at work?		
	***************************************		field. Md.	1 0 0 0.00		
Address		NIC	2/	23. SIGNATURE Dauly Trabill		
19. Mar. 2	6 1845	Any !	Munder	(D. 5 m) 9 1 M.1	D. or other	
"(Date rec'd by re	egistrar)		Registr	r Address Mulling My Date signed	d []/25/30	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

BILLED OF THE PERSON STATE OF THEM



2411 N. Charles St., Baltimore /3

#### CERTIFICATE OF DEATH

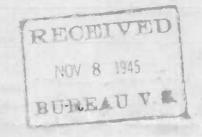
1	-	ì	3	6	2
				9	N
				179	A

/ .			02111111011	Reg. Dist. No.		
1. PLACE OF DE	roll	********************************		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Dorchester  City or town Hurlock (If outside city or town limits, write RURAL and give nearest town)  Street No		
(If How long in above plac Hospital, institution, o	e of death?r street address where	days	RURAL and give nearest towu)			
Maryland Colored How long in hospital	Tuberci Branch, or institution?	losis Henry	Sanatorium ton, Maryland			
3. (a) FULL NAM	E	LULA	MAE SPRY	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a) Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	col.		married	20. DATE DF DEATH November 4, 19 45 at 4: LOA		
6.(b) Name of husband or wife. Leroy Spry  6.(c) If alive, give age				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 31, 19.45, to Nove. 4, 19.45 and that I last saw her elive on November 4, 19.45		
7. Birth date of deceased (mo., day,	yr.) July	25, 1	.915			
8, AGE: Year 30		Days 9	If less than one day	Immediate cause of death Pulmonary Tuberculosis Sept.4		
10. Usual occupation.  11. Industry or busines	38		sato	Due to		
	Hurlock,			Diher conditions		
14. Malden name.	Hattie		sh	(Include pregnancy within 8 months of desth)  Major fiadings of operations		
≥ 15. Birthplace	Hurlock	c, Ma.				
	euben Horenryton,		M.D.	Autopsy results		
17. Buria (Burial, cremation	of romoval. Which	Date the	reol 100. 6, 1945 (month) (day) (year)	22, VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemelery or cremat	-f- 1)	rel	Cemetery	Where did injury occur?		
18. Funeral director	000	Frame	Stow & Son.	Means of Injury Injured at work?		
Address Fr	disalsh	1	mel.	23. SIGNATURE. Paulous Affinan M. D. or other		
19. NOV.	1, 45 ogistrar)	all	Debuty Locardia	ent II amount and are		

Henryton, Md.

VS A15

PLEASE



			2411 N. C
			CERTIFIC
I. PLACE OF D			
county Car		****************	***************************************
(1f	enryton	mits, write R	URAL and give nearest town)
ow long in above plac	ce of death?2	month	s, 27 days
ospital, instilution, d Marvlan	or street address where	death occurred	Sanatorium
Colored	Branch,	Henry	Sanatorium ton, Marylan
.(a) FULL NAM			
· (w) I OHH MAII		BENIT	AMIN STERLING
. Sex	5. Color or race		married, widowed, or divorced
male	col.		married
i.(b) Name of husban	d or wife Eug	enia	Sterling
			) If alive, give age
	.yr.) Decemb		
B. AGE: Yea	rs   Months	Days	If less than one day
4	5 11	0	hrs.
9. Birthplace			,
s. wirtnpiace	West Indi	eounty, and s	tate)
D. Usual occupation	Insuran	ce Ag	ent
1. Industry or busine			
12. Name G	eorge Ste	rling	, £
13. Birthplace	West Indi	es	7.
14. Maiden name			ing
14. Maiden name	West In		
1 13. Butinplace			MD
			M.D.
Address H	enryton,	Maryla	,
n Buri	on, or removal. Which?)	Date there	of 11-28-45 (month) (day) (year)
		(1	(month) (day) (year)
Cemetery or crema	tory MI CU		
Location		igil	md
18. Funeral director	my K	alie	Willian
Address 3 2	2.8ch	_	1 - 1
**		Can	00

E OF DEATH  2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
State Maryland County	
City or town Baltimore	
City or town	give nearest town)
Street No. 642 Smithson St.	
(If rural, give LOCATION)	V
2.(a) If veteran, name war	
MEDICAL CERTIFICATION	ON
MEDICAL CERTIFICATIOn Date of Death November 25,	
20. DATE OF DEATH November 25, 1 21. I CERTIFY that death occurred on the date above stated; that latte August 28, 19.45, to	nded deceased from V . 25 , 19 45
20. DATE OF DEATH November 25, 1 21. I CERTIFY that death occurred on the date above stated; that latte August 28, 19.45, to	nded deceased from V . 25 , 19 45
20. DATE DF DEATH. November 25, 1  21. I CERTIFY that death occurred on the date above stated; that latte August 28, 19.45, to No and that I last saw h imalive on November 2	9 45 at 7:00A  nded deceased from V • 25, 19 45 5, 19 45
20. DATE OF DEATH November 25,	9 45 at 7:00A  nded deceased from V • 25, 19 45 5, 19 45

(Include pregnancy within 3 months of desth) Major findings of operations.....

PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;

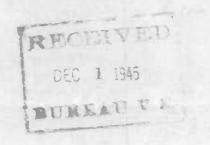
Accident, suicide, or homicide..... Where did injury occur? .....(City or town)

injured at home, farm, industry, public place (where?) .....

Means of Injury

Injured at work?

Registrar | Address ....



	ed.

CERTIFICAT	TE OF DEATH Reg. Diat. No. 74
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME George W. Stonesifer	12,00,00
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  MALE   WHITE   WIDOWED	MEDICAL CERTIFICATION
6.(b) Name of husband or wife. Pennia Hetlebridle  6.(c) It alive, give age. years  7. Birth date of deceased (mo., day, yr.) February 22, 1864	20. DATE OF DEATH November 8  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30  19. 44, to. Nov. 8  19. 45  and that I last saw h. IM. alive on November 8
8. AGE: Years   Months   Days   It less than one day   81   8   16  min.	Immediate cause of death Senility  DURATION 5 yrs.
9. Birthplace	Due to
16. Informant SPRINGFIELD STATE HOSPITAL RECORDS  Address SYKESVILLE, MARYLAND  17	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible. MARGIN RESERVED FOR BINDING

correct age

Distribution of the property o

Mireno Larria namena

NOV 12 1945

4. ....

SANTON TO SERVICE STATE OF THE SERVICE OF THE SERVI

TOTAL STREET, HERETTE, SOR

A CLASSIC TENTON IN CO.

WRITE 1

PLEASE

VS A15

IARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16201

#### CERTIFICATE OF DEATH

			74
Reg.	Dist.	No.	 *******

CLICITICAL	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE	20. DATE OF DEATH. November 10 19. 45 at 8:00p M
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  4-18-44  19. , to 11-10-45  19
deceased (mo., day, yr.) unknown	
8. AGE: Years   Months   Days   tf less than one day	Immediate cause of death DURATION 3 yrs.
unknownhrsmin.	W The state of the
9. Birthplace	Due to
	simple deterioration 3 yrs.  (Include pregnancy within 8 months of death)
14. Malden name. Unknown  15. Birthplace Unknown  16. Informant. SPRINGFIELD STATE HOSPITAL RECORDS	Major findings of operations
Address SYKESVILLE, MARYLAND	
Removal (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Date thereof. Nov. 11th1945 (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide
Washington D.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Frank Guirs Sources  Address Hashington D. L.  Nov. 11 1945 O Hang Frank	Meens of injury  ROBERT BERTRAND MAY, M.D.  23. SIGNATURE SOLAR MAY, M.D.  SPRINGFIELD STATE HOSPITAL M/D. or other  SYKESVILLE, MARYLAND Date signed 11-10-45
(Date rec'd by registrar) Registrar	Address SYKESVILLE, MARYLAND Date signed

files the residence

NOV 12 1945

BUREAU V.S.

71 343

SERVICE COLD STATE FOR THE PROPERTY OF THE SERVICE STATE OF THE SERVICE

p<sub>r</sub>

A PROBLEM TO SAID TO SAID TO

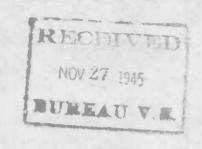
#### 2411 N. Charles St., Baltimore 108

#### CERTIFICATE OF DEATH

98	2411 N. Cha	arlea St., Baltimore 108
rect s	CERTIFICA	TE OF DEATH Reg. Dist. No. 24
fully. The corrand and legibly.	1. PLACE OF DEATH?  County  City or fown  (It gate de city or town limits, write RURAL and nearest town)  How long in above place of death?  Hospital institution, or street address where death occurred.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intooks give pesidence of mother)  State  City or town (Processide wity or town limits, write RURAL and give hearest town)
on carefully.	Springfilla Ville Stronglal,	Street No
information of death cle	3. (a) FULL NAME	3. (b) Social Security Number
of	4. Ses   5. Color or race   6.(a) Single, Therried, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH. 20. 45 21 4-50
the	6.(b) Name of husband or wife	21. I CERTIFY that doubt occurred on the date above stated; that I stended deceased from  19.4.5.  ars and that I last saw here alive on the date above stated; that I stended deceased from 19.4.5.
ADING INK. Supply eve Physicians: please write	deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  72 3 2 4 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	Immediate cause of death
OING IN	10. Usual occupation	Due to allow fellowine 34
Fr.	12. Hame 9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Unclude pregnancy within 3 months of death)
WITH UNI	14. Maiden name A A A A A A A A A A A A A A A A A A A	Major findings of operations
, K	Address 3 24 V Wash	Antopsy results
Pisis	17. Burial, cremation, or removal. Which?)  Date thereof. 28. 194  (month) (day) (year)	Accident, suicide, or homicide
WRITE	Location Washington D.C.	latured of home form laductry nublic place (where?)
PLEASE	Address 8434 La Che Sine Spring 1 Md	a SIGNATURE HA Master M.D.
PLI	19. Mola 2 6 19#5 C. Hang William Registrar)	M. D. or other

MARGIN RESERVED FOR BINDING

VS A15



DURATION

MARGIN RESERVED FOR BINDING



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

#### CERTIFICATE OF DEATH

	Reg. Dist. No. M		
1. PLACE OF DEATH:  County Level County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate County County County Clip or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war		
William Egra Wolf	3. (b) Social Security Number		
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced W. Widowed	MEDICAL CERTIFICATION  20. DATE DF DEATH NEW YORK NO. 19 4/5' 21 7 PM		
6.(b) Name of husband or wife. Assimula, Hessias Wolf  6.(c) If alive, give age years  7. Birth dale of deceased (mo., day, yr.) May 2/, 1869	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from  19.45.  19.45.  and that I last saw harmonic of December 19.45.  Impressible capse of death Old Addition Duration		
8. AGE: Years Months Days If less than one day  96 6 9hrsmin.  9. Dirthplace Whatalawaler R-D-Cered Co. Mad.	Dusiase		
9. Dirthplace Adata (Town, county, and state)  1D. Usual occupation Adams (Industry or business)	Due to		
12. Name Sevial Anthropics Westernister R.D. Med.	Other conditions		
14. Malden name Lebella Petern  15. Birthplace Westminster R.D. mil  16. Informant S. Hesson Will	Major findings of operations.  Date of cp.		
Address 403 Mente ave Battanse 25 Mod.  17. Durial (Burial, cremation, or removal. Which?)  Cemetery or crematory Mendage Battanse Bassel.	PHYSICIAN: Please underline the cause to which deeth should be cherged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
16. Funeral director. L. S. Magess Jr.  Address J. Westmusta Med.  19. (Date ree'd by registrar)  19. Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  1 Injured at work?  23. SIGNATURE		

IN ANT TO THE TOTAL PROPERTY OF THE SECOND

AND EXCEPT FOR CO

MATERIAL PROPERTY AND ADDRESS OF THE PARTY.

MOSPHONED STORY TO STATE OF THE STATE OF THE

- +p. 140.00

DEC 3 1945

DENAU Y BU

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1960				
1. PLACE OF DEATH	427				
County Sarroll bo	Registration Dist. No. 75				
Village or City manchester md	No. St.,	Ward			
(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred 20 yrsds. How long in U.S. if of foreign birth?yrsds.					
2. FULL NAME amanda Elizabeth M	lolle				
(a) Residence: No. Wain St Manchester	S. Ward.				
(Usual place of abode)	If nonresident give city or town and State				
3. SEX 4. COLOR OR RACE S. SINGS MARRIED WINDOWSD.	MEDICAL CERTIFICATE OF DEATH				
Female White OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  Provember  (Month)  (Day)	, 1944-5 (Year)			
HUSBAND OF (or) WIFE of Amos Wolfe	22. I HEREBY CERTIFY, That I attended deceased from				
6. DATE OF BIRTH (month, day, and yeer) Mary 28. 1873	1 last saw her alive on 77 vm. 6, 19 45	; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:40 m.				
72 5 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset			
8. Trade, profession, or particular kind of work done, as SPINNER, Jouse Wafe, SAWYER, BOOKKEEPER, etc.	Carcinoma	20000000			
9. Industry or business in which	7 Tiles	1945			
SAW MILL, BANK, etc. Jouse Wife					
10. Date deceased last worked at this occupation month and year)	£				
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	11-12			
(State or country) & and both		yens			
13. NAME De nas Proque  14. BIRTHPLACE (city or town) & and 6	φ				
14. BIRTHPLACE (city or town) 6 and 60	Name of operation & apainting Date of	1945			
	What test confirmed diagnosis? Cluvin Was there en a				
II TO	23. If death was due to external causes (VIOLENCE) fill in elso the following				
State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19			
17. INFORMANT Mrs dernes Wolfe (Address) Wancheslu Wol	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.			
18. BURIAL, GREMATION, CR. REMOVAL Benning	Manner of Injury				
Place Meadow Branch Bate how 60 ., 1945	Nature of injury				
19. UNDERTAKER Janier Martine (Address) Manchester md	24. Was disease or injury in any way related to occupation of deceased?	2.0			
20. FILED MOV. 9, 1945 M. 10. H. P. S. Denner Registrar.	(Signed) Maurice Cartistus (Address) Hamps Karly	M.D.			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.					

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchanic and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	THE PART OF THE PA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	A STANCE OF THE	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	100014 USE	3 days ago
			1000	
Other contributory causes of importance:		Other contributory causes of importance:		1 year
Gallstones	May 1,1923	Gastroenteritis		

R STATEMENTS BY PHYSICIAN
E)